2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #749037

FILED Aug 26, 2005 8:00 am Secretary of State

08-26-2005 90004 032 ****70.00

1. Entity Name FOREST		NITED METHODIS	ST CHU	RCH, INC.									
Principal Place	e of Business		Mailing	Address							En	00001	
31350 CR 42				31350 CR 42						.*	20	06360	从。
DELAND, FL 32720 US			DELA	DELAND, FL 32720 US						•			
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2. Principal Pl	lace of Busine	ess	3. Maili	ng Address		•							
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Suite, Apt.	#, etc.		Suil	te, Apt. #, etc.		•		07312005	Chg-	NP	CR2EC	037 (10/03)	ı
City & State	е		City	/ & State				4. FEI Numb 59-021				1—1	Applied For Not Applicable
Zip Country		Zip Cou			intry	5. Certificate of Status De			SR 75 Additional				
6. Name and Address of Current R			l Registere	legistered Agent			7. Name and Address of New Registered Agent						
						Name			•				
BYRD, EDD 43113 BEAR LAKE BLVD DELAND, FL 32720						Street A	ddress (I	P.O. Box Numb	er is Not	Acceptable	e)		
DELAND, I	FL 32720												
						City				,	F	Zip Co	ode
	named entity ions of registe	submits this statement for ered agent.	or the purpo	ose of changing its	registere	ed office or	register	ed agent, or bo	oth, in the	State of Fl	orida. Lan	n familiar wit	h, and accept
		1000 100											
SIGNATURE .	<u> </u>										DATE		
	Signature, typed i	registered name of registered agent	and the sapp	ICEDIE. (NO	E: Hegistere	d Agent signat	riie isdriiled	when reinstating)			DATE		
Di	_	e is \$61.25 tember 7, 2005		9. Election Ca Trust Fund				\$5.00 May I Added to Fees				ck payable sriment of	
D:	ue by Sep		IRECTORS					Added to Fees	3	Flo	rida Depa	ertment of	State
10.	ue by Sep	OFFICERS AND D	IRECTORS		11.	ion.	THE-	Added to Fees	IANGES	Flo TO OFFICE	rida Depa ERS AND (DIRECTORS Change	State IN 10 Addition
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10. TITLE NAME STREET ADDRESS	EDWARDS	OFFICERS AND DI S, JEFF LSIDE DR	IRECTORS	Trust Fund	11. TITLE NAM STRE	E E EET ADORESS	50m	Added to Fees	HANGES	Fron Ave	Mida Depi	DIRECTORS Change	State IN 10 Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDWARDS 31805 HIL DELAND,	OFFICERS AND DI S, JEFF LSIDE DR	IRECTORS	Trust Fund	11. TITLE NAM STRE CITY	E E EET ADDRESS -ST-ZIP	50m	Added to Fees	HANGES	Fron Ave	Mida Depi	DIRECTORS Change Change	State IN 10 Property Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	EDWARDS 31805 HIL DELAND,	OFFICERS AND DI S, JEFF LSIDE DR FL 32720	IRECTORS	Trust Fund	TI. TIL NAM SIRE CRY	E E EET ADORESS -ST-ZIP	50m	Added to Fees	HANGES	Fron Ave	Mida Depi	DIRECTORS Change	State IN 10 Property Addition
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 1. D	8/22/05 386	1822-4848
SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR	/ Date	Daytime Phone #