

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

**DOCUMENT # 749037**

1. Entity Name  
**FOREST HILLS UNITED METHODIST CHURCH, INC.**



Principal Place of Business  
31350 CR 42  
DELAND, FL 32720 US

Mailing Address  
31350 CR 42  
DELAND, FL 32720 US

**50063601**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07312005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
59-0217165

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BYRD, EDD  
43113 BEAR LAKE BLVD  
DELAND, FL 32720

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete  
NAME EDWARDS, JEFF  
STREET ADDRESS 31805 HILLSIDE DR  
CITY-ST-ZIP DELAND, FL 32720

TITLE ☒ Change ☐ Addition  
NAME James ~~Harris~~ Franklin, Dennis  
STREET ADDRESS 43941 Grace Ave  
CITY-ST-ZIP Deland, FL 32720

TITLE ☐ Delete  
NAME DC  
BYRD, EDD  
STREET ADDRESS 43113 BEAR LAKE BLVD  
CITY-ST-ZIP DELAND, FL 32720

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
WILLIAMS, TEO  
STREET ADDRESS 23040 EAST FORST  
CITY-ST-ZIP PAISLEY, FL 32767

TITLE ☒ Change ☐ Addition  
NAME Williams, Ted  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
EDWARDS, JOANNE  
STREET ADDRESS 31850 2ND AVE  
CITY-ST-ZIP DELAND, DL 32720

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME T  
MEHLBURG, FRANK  
STREET ADDRESS 31421 HILLSIDE DR  
CITY-ST-ZIP DELAND, FL 32720

TITLE ☒ Change ☐ Addition  
NAME T  
Byrd, Nellie  
STREET ADDRESS 43113 Bear Lake Blvd  
CITY-ST-ZIP Deland, FL 32720

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME D  
Gaylord, Alan  
STREET ADDRESS 849 Pleasant St.  
CITY-ST-ZIP Lake Helen, FL 32744

12. I hereby certify that the information supplied with this filing 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:** J. P. M.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/05 386/822-4848

Date

Daytime Phone #