


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90674 050 ****61.25

DOCUMENT # 754836 1. Entity Name WESLEY UNITED METHODIST CHURCH, INC.					
Principal Place of Business 2075 MEADOWLANE AVENUE WEST MELBOURNE, FL 32904			Mailing Address 2075 MEADOWLANE AVENUE WEST MELBOURNE, FL 32904		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-1814608				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CLARK, DON 416 TROTWOOD LANE SW PALM BAY, FL 32908			Name CARL McMILLEN Street Address (P.O. Box Number is Not Acceptable) 686 SHERIDAN WOODS DR. W. MELBOURNE City FL 32904		
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 CARL McMILLEN - TRUSTEE CHAIRPERSON 04/28/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	P CLARK, DON 416 TROTWOOD LANE PALM BAY, FL 32908	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRPERSON CARL McMILLEN 686 SHERIDAN WOODS DR. W. MELBOURNE, FL. 32904	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUNDQUIST, DIANE 695 ANTIQUE ST NE PALM BAY, FL 32907	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GARY ROGERS 813 POTOMAC DR. W. MELBOURNE, FL. 32904	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNT, MICHAEL 2660 VERMONT ST W MELBOURNE, FL 32904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NANCY SWOPE 2550 OKLAHOMA ST. MELBOURNE, FL. 32904	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COULTER, TERRI 3125 ELLIS DR MELBOURNE, FL 32904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1400 GOODRICH 2955 BRANDYWINE LA. MELBOURNE, FL. 32904	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLEETH, MARY 565 ARCADIA ST NE PALM BAY, FL 32907	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHILDERS, JAMES 1114 ALBION ST NW PALM BAY, FL 32907	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 CARL McMILLEN 04/28/04 321-727-7585 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					