


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90028 023 ****61.25



DOCUMENT # 757522					
1. Entity Name UNITED METHODIST CHURCH OF SUN CITY CENTER, INC.					
Principal Place of Business 1210 DEL WEBB BLVD W SUN CITY CNTR, FL 33573			Mailing Address 1210 DEL WEBB BLVD W SUN CITY CNTR, FL 33573		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2131662	
Zip		Country		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		
SMITH, PORREST <i>TERRY WEBSTER</i> 1244 DEL WEBB BLVD W <i>2041 BERRY ROBERTS DR.</i> SUN CITY CENTER, FL 33573			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	TR	<input checked="" type="checkbox"/> Delete	TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOREFIELD, RUTH		NAME	SHIRLEY SMITH	
STREET ADDRESS	734 MASTERPIECE DR		STREET ADDRESS	2606 NOVAUX CT.	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	TR	<input checked="" type="checkbox"/> Delete	TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUNCAN, BETTY		NAME	FORREST SMITH	
STREET ADDRESS	902 SUN KEY CT		STREET ADDRESS	1244 DEL WEBB BLVD. W.	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	TR	<input type="checkbox"/> Delete	TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEBSTER, TERRY		NAME	WAYNE BEDESTON	
STREET ADDRESS	2041 BERRY ROBERTS DR		STREET ADDRESS	823 STAFFORDSHIRE LN	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	TR	<input type="checkbox"/> Delete	TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WINCHESTER, RICHARD		NAME	RUSSELL BELL	
STREET ADDRESS	811 FREEDOM PLAZA CIR #207		STREET ADDRESS	6224 DEL WEBB BLVD W.	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	TR	<input checked="" type="checkbox"/> Delete	TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEHRES, FLOYD		NAME	MICHAEL WHITE	
STREET ADDRESS	1220 DEL WEBB BLVD WEST		STREET ADDRESS	907 OXFORD PARK DR	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	TR	<input checked="" type="checkbox"/> Delete	TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'DAY, TOM		NAME	DOV VAN DEN BRAN	
STREET ADDRESS	504 SHEA PLACE		STREET ADDRESS	725 WINTERBROOK WAY	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		CITY-ST-ZIP	SUN CITY CENTER FL 33573	
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: <i>Terry Webster</i>		TERRY WEBSTER		02/10/2004 (813) 634-1098	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	