

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

03-2T-2005 90075 037 ****61.25
765844

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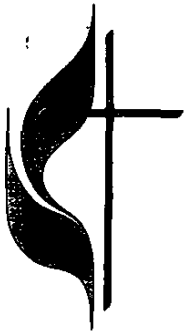
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



STATEMENT OF CHANGES
Chg: NP CR2E037 (10/03)

DOCUMENT # 765844 1. Entity Name FIRST UNITED METHODIST CHURCH OF LUTZ, INC.					
Principal Place of Business 207 W LUTZ LAKE FERN RD LUTZ, FL 33548-4202 US			Mailing Address 207 W LUTZ LAKE FERN RD LUTZ, FL 33548-4202 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 59-0751925 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent VICK, CATHY TRUSTEE 19523 DEER LAKE RD. LUTZ, FL 33548				7. Name and Address of New Registered Agent 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 reappointing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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	C VICK, CATHY 19523 DEER LAKE RD LUTZ, FL 33548 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Joe Hanlon 822 LUTZ LAKE Fern Rd. LUTZ FL 33548 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VANBEBBER, JOAN 301 DEBUEL RD LUTZ, FL 33549 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Mary Whillock 16303 Shagbark PL Tampa FL 33618 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORSE, DAVE 311 LAKE KELL CT. LUTZ, FL 33549 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Steve Smith 3906 Little Egret Ct. LUTZ FL 33558 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EBANKS, ARTHUR PO BOX 447 LUTZ, FL 33548 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Barbara Jackson 15006 Albright Dr. Tampa FL 33613 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REIFF, BRAD 112 SIOBHAN AVE. TAMPA, FL 33613 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Nancy Jordan 23407 Shining Star Dr. Land. of Lakes FL 34639 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WADSWORTH, STACIE 2001 VANDERVORT RD. LUTZ, FL 33549 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ART DAVIS 22510 Magnolia Trace Blvd. LUTZ FL 33549 <input type="checkbox"/> Change <input checked="" 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)(f), 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>John David Fleming, Officer Administration</i> 3/16/05 TRUSTEE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					



FIRST UNITED METHODIST CHURCH OF LUTZ

207 W LUTZ LAKE FERN ROAD
LUTZ, FL 33549

RICHARD D. CABOT, Pastor

Phone (813) 949-1751
Fax (813) 909-0267

October 7, 2005

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

RE: DOCUMENT # 765844

This Annual Report process has turned into a nightmare this year!

I originally submitted the UBR Annual Report and a check (which you did receive and cash), but the form was rejected because I had signed the form in lieu of our officer. I had her sign the form and resent it. Apparently you did not receive it. She gave me permission to enter the information via the website which I did. But apparently that didn't work either because I just received a notice of dissolution.

I apologize for my initial error of signature, but do not understand why we haven't been able to get it resolved, yet. I called and was told to mail the correctly signed UBR form and this letter requesting a waiver of the reinstatement fee. If there is anything else I need to do to get this resolved, please let me know. I am enclosing copies of our cancelled check and the various correspondence I've had in this regard.

Thank you for your assistance.

Kindest Regards.

Sincerely,

Vicki Dyel Fleming,
Office Administrator

CC: Cathy Vick, Chairperson – Board of Trustees
Thomas E. Cone, Esquire – Lay Leader
Rev. Richard D. Cabot, Pastor