

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AF)**


**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

02-25-2005 90147 047 \*\*\*\*61.25

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1st MOORE CR2E037 (10/04)

<b>DOCUMENT # N00000004452</b> 1. Entity Name <b>PINE RIDGE FELLOWSHIP UNITED METHODIST CHURCH, INC.</b>					
Principal Place of Business 1555 SAXON BOULEVARD, #302 DELTONA FL 32725		Mailing Address POST OFFICE BOX 390881 DELTONA FL 32739-0881			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3662768</b>	
Zip	Country	Zip	Country	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DIXON, TERRY VERNIS & BOWLING OF CNTRL FL 990 N. WOODLAND BOULEVARD DELAND FL 32720			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: 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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KING, TIM		NAME		
STREET ADDRESS	795 W LANSDOWNE AVE		STREET ADDRESS		
CITY-ST-ZIP	ORANGE CITY FL 32763		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARBAROW, BRUCE		NAME		
STREET ADDRESS	201B ROCKHILL DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL 32738		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LANBERT, SHIRLEY		NAME		
STREET ADDRESS	870 GALT TERRACE		STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL 32738		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WYCUFF, MICHAEL		NAME		
STREET ADDRESS	2884 BARDAHL COURT		STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL 32738		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FIELDS, SARAH		NAME	D TREASURER	
STREET ADDRESS	2882 FERN LANE		STREET ADDRESS	OWENS, ROBERT E	
CITY-ST-ZIP	DELTONA FL 32738		STREET ADDRESS	2561 ALTON ROAD	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DELTONA, FL 32738-4120	
NAME	KING, MADELINE		NAME		
STREET ADDRESS	793 SULLIVAN ST		STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL 32725		CITY-ST-ZIP		
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>Robert E Owens</i>		ROBERT E OWENS		2/16/05 386-575-0078	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		TREASURER		Date Daytime Phone #	