

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000008091					
1. Entity Name PLANT CITY UNITED METHODISTS IN MISSION, INC.					
Principal Place of Business 202 W. REYNOLDS ST. PLANT CITY, FL 33563			Mailing Address 104 N. EVERS STREET SUITE 202 PLANT CITY, FL 33563-3300		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01082004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-3698345	
				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		
TRINKLE, ROBERT S 121 N COLLINS ST PLANT CITY, FL			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUTCHER, DAVID	NAME	U000000893300		
STREET ADDRESS	303 N EVERS ST	STREET ADDRESS	03/15/04-80086-018 61.25		
CITY-ST-ZIP	PLANT CITY, FL 33563	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KIRKWOOD, KEVIN	NAME			
STREET ADDRESS	303 N EVERS ST	STREET ADDRESS			
CITY-ST-ZIP	PLANT CITY, FL 33563	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WALDEN, CHARLOTTE	NAME			
STREET ADDRESS	303 N EVERS ST	STREET ADDRESS			
CITY-ST-ZIP	PLANT CITY, FL 33563	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WICKER, BILL	NAME			
STREET ADDRESS	303 N EVERS ST	STREET ADDRESS			
CITY-ST-ZIP	PLANT CITY, FL 33563	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MUSSELWHITE, BILL	NAME			
STREET ADDRESS	303 N EVERS ST	STREET ADDRESS			
CITY-ST-ZIP	PLANT CITY, FL 33563	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EDWARDS, BOB	NAME			
STREET ADDRESS	303 N EVERS ST	STREET ADDRESS			
CITY-ST-ZIP	PLANT CITY, FL 33563	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 an other like empowered.					
SIGNATURE: <i>[Signature]</i> <i>[Signature]</i> <i>[Signature]</i> <i>3/11/04</i> <i>813-252-2740</i>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					