


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000008091 1. Entity Name PLANT CITY UNITED METHODISTS IN MISSION, INC.	
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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
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3698345	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TRINKLE, ROBERT S 121 N COLLINS ST PLANT CITY, FL
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IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BUTCHER, DAVID 303 N EVERS ST PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KIRKWOOD, KEVIN 303 N EVERS ST PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WALDEN, CHARLOTTE 303 N EVERS ST PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WICKER, BILL 303 N EVERS ST PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MUSSELWHITE, BILL 303 N EVERS ST PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V EDWARDS, BOB 303 N EVERS ST PLANT CITY, FL 33563

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03/21/05-80040-022 61.25

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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1/25/05 <small>Date</small>	<small>Daytime Phone #</small>
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