


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

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000002906 1. Entity Name RAY OF HOPE UNITED METHODIST CHURCH, INC.	
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Principal Place of Business 2821 S. MONROE ST. TALLAHASSEE, FL 32301	Mailing Address 2821 S. MONROE ST. TALLAHASSEE, FL 32301
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DO NOT WRITE IN THIS SPACE



01212004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3610522	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 H. RICHARD BISBEE, P.A. 1882 CAPITAL CIR. NE #206 TALLAHASSEE, FL 32308

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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, 2004	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	T
NAME	GOODLOE, JAMES
STREET ADDRESS	457 SAN MARTIN DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	T
NAME	THOMAS, LAURISE
STREET ADDRESS	400 EL DESTINADO
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	T
NAME	CARRINGTON, MERVYN
STREET ADDRESS	2151 LAKE BROOKE DR.,
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	T
NAME	WILLIAMS, DENISE
STREET ADDRESS	306 STARMOUNT DR
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	T
NAME	CHUKES, EDWARD
STREET ADDRESS	714 W. 10TH AVE.
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	T
NAME	CONNER, SPENCER
STREET ADDRESS	1307 MAUDE ST
CITY-ST-ZIP	TALLAHASSEE, FL 32310

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02/06/04-80033-015 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)(l), 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: James E. Goodloe For <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	2/4/04 <small>Date</small>	850 413 3621 <small>Daytime Phone #</small>
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Ray of Hope UMC, Inc.