

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000003454

1. Entity Name

OSTEEN UNITED METHODIST CHURCH INC.



Principal Place of Business
179 CARPENTER AVE
P.O. BOX 88
OSTEEN FL 32764-0088

Mailing Address
179 CARPENTER AVE
P.O. BOX 88
OSTEEN FL 32764-0088

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3011690

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PETERMAN, JOANN
106 3RD STREET
ENTERPRISE FL 32725

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

Joann Peterman - Treasurer

JOANN PETERMAN

2/14/05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME BAUM, EARL
STREET ADDRESS 603 PELICAN LANE
CITY-ST-ZIP OSTEEN FL 32764

TITLE ☐ Delete
NAME PARK, NORMA
STREET ADDRESS 715 WHIPPOORWILL
CITY-ST-ZIP OSTEEN FL 32764

TITLE ☐ Delete
NAME PETERMAN, FRANCIS
STREET ADDRESS 1063RD STREET
CITY-ST-ZIP ENTERPRISE FL 32725

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition
NAME
STREET ADDRESS 000000231888
CITY-ST-ZIP 02/16/05-80051-002 70.00

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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:

Francis C. Peterman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANCIS PETERMAN 2/14/05 (386) 668-5779

Date

Daytime Phone #