2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State
04-21-2005 90243 001 ****70.00

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1. Entity Name
FIRST UNITED METHODIST CHURCH OF ALACHUA, INC.

Principal Place of Business	Mailing Address
14805 NW 140 STREET ALACHUA, FL 32616	P O BOX 668 ALACHUA, FL 32616

01062005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1579665 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BINGHAM, MARVIN W JR 14811 NW 140 STREET PO BOX 1930 (MAIL) ALACHUA, FL 32616	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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ARMSTRONG, DAVID 13515 NW CR 237 ALACHUA, FL 32615	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Busby Jack 13313 Southern Precast Alachua, FL 32615 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BUSBY, JACK 13313 SOUTHERN PRECAST ALACHUA, FL 32615	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD David Spencer 27619 NW 182 Ave. Alachua, FL 32615 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SMITH, JOEL 13204 NW 49 LANE GAINESVILLE, FL 32606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SAPP, BARNEY 9629 NW 171 TERR ALACHUA, FL 32615	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MALLARD, DEBBIE PO BOX 1537 ALACHUA, FL 32616	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Cathy Mills 13018 NW 123 PL Alachua, FL 32615 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TOMEU, FERN 17323 NW CR 239 ALACHUA, FL 32615	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 4/18/05 386-462-2709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #