2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 30, 2004
Secretary of State

DOCUMENT# N02000004579

Entity Name: METHODIST CHURCH MCAND, INC.

Current Principal Place of Business:

P.O. BOX 36
RIVERVIEW, FL 33568 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 36
RIVERVIEW, FL 33568 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KISER, ARVLE J
12500 MCMULLEN LOOP
#133
RIVERVIEW, FL 33568 US

Name and Address of New Registered Agent:

KISER, ARVLE J
11313 FISH HOOK PLACE
GIBSONTON, FL 33534 US

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.

SIGNATURE: _____ 09/30/2004
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KISER, ARVLE J
Address: 9013 HONEYWELL ROAD
City-St-Zip: GIBSONTON, FL 33534 US

Title: VPD ( ) Delete
Name: NICHOLS, GREGORY A
Address: 801 DOE COURT
City-St-Zip: MYRTLE BEACH, SC 29577 US

Title: STD ( ) Delete
Name: NICHOLS, CHRISTOPHER G
Address: 801 DOE COURT
City-St-Zip: MYRTLE BEACH, SC 29577

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARVLE J KISER PD 09/30/2004
Electronic Signature of Signing Officer or Director — Date