


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

**FILED**  
**Sep 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000008888**  
 1. Entity Name  
**TAFT UNITED METHODIST CHURCH, INC.**



Principal Place of Business      Mailing Address  
**808 FOURTH ST.**      **808 FOURTH ST.**  
**ORLANDO FL 32824**      **ORLANDO FL 32824**



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

4. FEI Number      Applied For  
**59-3296255**      Not Applicable

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

2nd MOORE      CR2E037 (5/05)

6. Name and Address of Current Registered Agent  
**GREEN, ERNEST**  
**9809 7TH AVENUE**  
**ORLANDO FL 32824**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10.	DP	OFFICERS AND DIRECTORS
TITLE		GREEN, ERNEST <input type="checkbox"/> Delete
NAME		909 7TH AVENUE
STREET ADDRESS		ORLANDO FL 32824
CITY- ST- ZIP		DV
TITLE		HARKEY, SARAH L <input type="checkbox"/> Delete
NAME		1020 4TH STREET
STREET ADDRESS		ORLANDO FL 32824
CITY- ST- ZIP		DT
TITLE		SHIELDS, LEROY <input type="checkbox"/> Delete
NAME		7444 LAKE WILLIS DR.
STREET ADDRESS		ORLANDO FL 32821
CITY- ST- ZIP		DS
TITLE		FORD, JEAN <input type="checkbox"/> Delete
NAME		4109 MERRYWEATHER DR.
STREET ADDRESS		ORLANDO FL 32812
CITY- ST- ZIP		D
TITLE		MILLS, THELMA <input type="checkbox"/> Delete
NAME		482 KENTUCKY WOOD LN.
STREET ADDRESS		ORLANDO FL 32824
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

00000377606  
 09/07/05-80003-007 61.25

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