


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

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

<b>DOCUMENT # N02000008888</b> 1. Entity Name TAFT UNITED METHODIST CHURCH, INC.	
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Principal Place of Business 808 FOURTH ST. ORLANDO FL 32824	Mailing Address 808 FOURTH ST. ORLANDO FL 32824
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2. Principal Place of Business Suite, Apt #, etc.	3. Mailing Address Suite, Apt. #, etc.
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2nd MOORE CR2E037 (5/05)

City & State	City & State	4. FEI Number 59-3296255	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  GREEN, ERNEST 9809 7TH AVENUE ORLANDO FL 32824
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<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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</small>	(NOTE: Registered Agent signature required when reinstating)	DATE
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**FILE NOW: FEE IS \$61.25**  
**Due By September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to Florida Department of State**

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

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

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