


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000003605

1. Entity Name
FIRST UNITED METHODIST CHURCH OF CHATTAHOOCHEE, FLORIDA, INC.



Principal Place of Business Mailing Address

18 W MARION STREET **18 W MARION STREET**
CHATTAHOOCHEE, FL 32324 **CHATTAHOOCHEE, FL 32324**

DO NOT WRITE IN THIS SPACE



01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
59-0791018 Not Applicable

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

6. Name and Address of Current Registered Agent

GARNER, ELMON L
122 BONITA STREET
CHATTAHOOCHEE, FL 32324

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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 _____ DATE _____
Signature, typed or printed name of registered agent and file 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

U00000186013
 01/21/05-80037-015 70.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOLT, TERRY
STREET ADDRESS	515 CHATTAHOOCHEE ST
CITY-ST-ZIP	CHATTAHOOCHEE, FL 32324
TITLE	D
NAME	SCOTT, L.F.
STREET ADDRESS	730 CHATTAHOOCHEE ST
CITY-ST-ZIP	CHATTAHOOCHEE, FL 32324
TITLE	D
NAME	GARNER, ELMON L
STREET ADDRESS	122 BONITA ST
CITY-ST-ZIP	CHATTAHOOCHEE, FL 32324
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Elmon L. Garner **ELMON L. GARNER** 1-10-05 850-663-4475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #