

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90046 020 ****70.00

DOCUMENT # N03000005011

1. Entity Name

COLEMAN UNITED METHODIST CHURCH, INC.



Principal Place of Business

1502 E WARM SPRINGS AVE (HIGHWAY 301)
COLEMAN FL 33521

Mailing Address

PO BOX 68
COLEMAN FL 33521

04013301



MOORE

CR2E037 (11/03)

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

59-2256496

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, GERALD
2768 NE 27 PATH
COLEMAN FL 33521

7. Name and Address of New Registered Agent

Name

JOE ALLIS

Street Address (P.O. Box Number is Not Acceptable)

8515 CENTRAL AVE.

City

COLEMAN

FL

Zip Code

33521

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

JOE ALLIS CD *[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE CD
NAME DAVIS, GERALD
STREET ADDRESS PO BOX 342
CITY-ST-ZIP COLEMAN FL 33521 ☒ Delete

TITLE VD
NAME SMITH, DALE
STREET ADDRESS PO BOX 538
CITY-ST-ZIP LAKE PANASOFFKEE FL 33538 ☐ Delete

TITLE SD
NAME CHILDERS, KATHRYN
STREET ADDRESS PO BOX 125
CITY-ST-ZIP COLEMAN FL 33521 ☐ Delete

TITLE TD
NAME DAVIS, EVELYN
STREET ADDRESS PO BOX 342
CITY-ST-ZIP COLEMAN FL 33521 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CD
NAME JOE ALLIS
STREET ADDRESS 8515 CENTRAL AVE.
CITY-ST-ZIP COLEMAN, FL 33521 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME ALBERT H. BELL
STREET ADDRESS 17937 SE 87th MELOSE CT.
CITY-ST-ZIP THE VILLAGES, FL 32162 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

[Signature]

ALBERT H. BELL 3-14-04 352-751-1188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #