

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007105

FILED  
Jan 27, 2005  
Secretary of State

**Entity Name:** THE MARIANNA/PANAMA CITY DISTRICT OFFICE OF THE UNITED METHODISTCHURCH, INC.

**Current Principal Place of Business:**

2913 OPTIMIST DRIVE  
MARIANNA, FL 32448

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 306  
MARIANNA, FL 32447

**New Mailing Address:**

**FEI Number:** 59-2056266

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RISH, WILLIAM J  
206 EAST FOURTH STREET  
PORT ST. JOE, FL 32456 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: REV. ( ) Delete  
Name: SPIVEY, WESLEY  
Address: P O BOX 306  
City-St-Zip: MARIANNA, FL 32447

Title: MRS. ( ) Delete  
Name: SHORES, DAVINE  
Address: P O BOX 306  
City-St-Zip: MARIANNA, FL 32447

Title: REV. ( ) Delete  
Name: ZEIGLER, FRED  
Address: P O BOX 1503  
City-St-Zip: MARIANNA, FL 32447

Title: MR. ( ) Delete  
Name: SHELTON, KARL  
Address: 920 W BEACH DRIVE  
City-St-Zip: PANAMA CITY, FL 32401

Title: MR. ( ) Delete  
Name: SIMMONS, GEORGE  
Address: 4327 SEVENTH AVENUE  
City-St-Zip: MARIANNA, FL 32446

Title: MR. ( ) Delete  
Name: RISH, BILLIE J  
Address: P O BOX 39  
City-St-Zip: PORT ST. JOE, FL 32456

**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:

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: DAVINE SHORES

MRS.

01/27/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date