## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000011904

FILED Mar 08, 2005 Secretary of State

Entity Name: ALTURAS UNITED METHODIST CHURCH OF FLORIDA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2745 OAK DRIVE ALTURAS, FL 33820 **Current Mailing Address: New Mailing Address:** 2745 OAK DRIVE PO BOX 66 ALTURAS, FL 33820 ALTURAS, FL 33820 FEI Number: 59-3352883 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VOIGHT, JOHN VOIGT, JOHN 3065 E. CENTRAL AVENUE 3065 E. CENTRAL AVENUE BARTOW, FL 33830 BARTOW, FL 33830 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: JOHN VOIGT 03/08/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition VOIGT, JOHN Name: Name: 3065 E. CENTRAL AVENUE Address: Address: BARTOW, FL 33830 City-St-Zip: City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete PERDUE, JOHNNY Name: PERDUE, JOHNNY Name: Address: P.O. BOX 41 Address: P.O. BOX 41 City-St-Zip: ALTURASI, FL 33820 City-St-Zip: ALTURAS, FL 33820 Title: () Delete Title: (X) Change ( ) Addition GABRIEL, JAKE TATE, JANET Name: Name: 2113 EDGEWATER CIRCLE 1510 ALTURAS ROAD Address: Address: City-St-Zip: WINTE HAVEN. City-St-Zip: BARTOW, FL 33830 Title: () Delete Title: () Change () Addition Name: KELLY, KAREN Name: P.O. BOX 331 Address: Address: City-St-Zip: ALTURAS, FL 33830 City-St-Zip: Title: ( ) Delete Title: () Change () Addition WENTWORTH, ALVIN Name: Name: 6815 HIGHWAY 60 E, #435 Address: Address: City-St-Zip: BARTOW, FL 33830 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition MERCER, CANDANCE MERCER, CANDANCE Name: Name: P.O. BOX 326 Address: Address: 1950 EL PASO TRAIL ALTURAS, FL 33820 BARTOW, FL 33830 City-St-Zip: 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: JOHN VOIGT T 03/08/2005