

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90048 006 \*\*\*\*61.25

20041331



03012005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N06851</b> 1. Entity Name <b>FIRST UNITED METHODIST CHURCH OF SEFFNER, INC.</b>					
Principal Place of Business <b>1310 KINGSWAY ROAD, SOUTH PO BOX 607 SEFFNER, FL 33584</b>			Mailing Address <b>1310 KINGSWAY ROAD, SOUTH PO BOX 607 SEFFNER, FL 33584</b>		
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 <b>NOT APPLICABLE</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SCHNAARE, RICHARD K. SR. 3528 ZEPHYR LANE VALRICO, FL 33594</b>			Name <b>Stone, Harriet</b> Street Address (P.O. Box Number is Not Acceptable) <b>115 Phillips Dr.</b> City <b>Seffner</b> <b>FL</b> Zip Code <b>33584</b>		
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 <i>Harriet G. Stone</i>		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) <b>Harriet G. Stone</b> <b>3/1/05</b> DATE	
<b>Filing Fee Is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> <b>Make check payable to: Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ALLEN, JOYCE 501 LAWS LANE SEFFNER, FL 33584</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Nelson, Eric 305 Halton Cir Seffner, FL 33584</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MCKENZIE, JOYCE 413 HEDGEWAY DRIVE VALRICO, FL 33594</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STONE, HARRIET 115 PHILLIPS DR. SEFFNER, FL</b> <input checked="" type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Harriet G. Stone</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>3/1/05</b> <b>(813) 681-7238</b> Date Daytime Phone #	