


**2005-NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # N08374 1. Entity Name DUNDEE UNITED METHODIST CHURCH, INC.	
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Principal Place of Business 3RD & MERRILL ST. DUNDEE, FL 33838	Mailing Address P.O. BOX 1688 DUNDEE, FL 33838 US
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DO NOT WRITE IN THIS SPACE



04252005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-6509350	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRINER, PHIL
7030 HATCHINEHA RD.
HAINES CITY, FL 33844

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EUGENE, WARD 246 GOLF AIRE BLVD WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TOSH, BARRY 4050 JENNINGS RD. HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SPENCE, HOWARD W 2909 PLANTATION RD WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARDAKER, SUSANNE 510 MAIN ST. DUNDEE, FL 33838
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000355281
05/03/05-80141-007 61.25

**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: Susanne Hardaker Susanne Hardaker, TREAS 4/27/05 (863) 967-188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #