


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90039 031 ****61.25

DOCUMENT # N08774
 1. Entity Name
UNITED METHODIST CHURCH OF PARRISH, INC.




Principal Place of Business
 12180 US HWY 301
 P.O. BOX 375
 PARRISH, FL 34219

Mailing Address
 12140 69TH STREET E.
 P.O. BOX 375
 PARRISH, FL 34219

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01132004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2384853 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DEWITT, WARREN
12140 69TH STREET E
PARRISH, FL 34219

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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 *Warren R. DeWitt* **WARREN R. DEWITT** **2/2/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HORNSBY, SARA 2908 COUNTRY RIVER DR PARRISH, FL 34219 <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	T CRAMER, DOUGLAS 4301 LIMEQUAT DR WIMAUMA, FL 335984513 <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	TR MACBAUGH, BOB 3907 SUNSET DR ELLENTON, FL 34222 <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	T COWELS, CORRINE 9509 30TH CT E PARRISH, FL 34219 <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	T WISE, JUDY 2204 FT HAMER RD PARRISH, FL 34219 <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	T MONK, CLIFF 15120 CR 675 PARRISH, FL 34219 <input checked="" 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: *Warren R. DeWitt* **WARREN R. DEWITT** **2/2/04** **941-776-1539**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

54003170

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Entity Name

UNITED METHODIST CHURCH OF PARRISH, INC.

Additions/Changes to Officers and Directors in 10

TITLE: T
NAME: Beck, Jim
STREET ADDRESS 12515 CR-675
CITY-ST-ZIP Parrish, FL 34219

TITLE: T
NAME: Bracken, Bob
STREET ADDRESS 2612 88th St. E.
CITY-ST-ZIP Palmetto, FL 34221

TITLE: T
NAME: Coleman, Martha
STREET ADDRESS 3331 Eileen Dr.
CITY-ST-ZIP Ellenton, FL 34222

TITLE: T
NAME: Cordwell, Jim
STREET ADDRESS 6108 Bobby Jones Ct.
CITY-ST-ZIP Palmetto, FL 34221

TITLE: T
NAME: Katzenberger, Bob
STREET ADDRESS 8236 Bunker Hill Road
CITY-ST-ZIP Duette, FL 33834

TITLE: T
NAME: Leonard, Dave
STREET ADDRESS 4920 Jim Davis Road
CITY-ST-ZIP Parrish, FL 34219

Attachment

NO8774

54003170

TITLE: T
NAME: McGowan, Jerry
STREET ADDRESS 3011 92nd Ave. E.
CITY-ST-ZIP Parrish, FL 34219

TITLE: T
NAME: Sawyer, Tom
STREET ADDRESS 3804 5th Ave. W.
CITY-ST-ZIP Palmetto, FL 34221