


**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

2/6/2

<b>DOCUMENT # N08774</b>			
1. Entity Name <b>UNITED METHODIST CHURCH OF PARRISH, INC.</b>			
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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-2384853</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	
CARY, BONNIE 5509 78TH AVE E. PALMETTO FL 34221		Name <b>WARREN DEWITT</b> Street Address (P.O. Box Number is Not Acceptable) <b>12140 69TH ST. E</b> City <b>PARRISH</b> FL Zip Code <b>34219</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>Warren R. DeWitt</i>		DATE <b>2/18/03</b>	
FILE NOW: FEE IS \$81.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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	CT JIM CORDWELL 6108 BOBBY JONES CT. PALMETTO, FL 34221 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRAMER, DOUGLAS 4301 LIMEQUAT DR WIMAUMA FL 33598-4513 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GENE MCVANN 8465 IMPERIAL CIRCLE PALMETTO, FL 34221 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MACBAUGH, BOB 3907 SUNSET DR ELLENTON FL 34222 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARTHA COLEMAN 3331 EILEEN DR ELLENTON, FL 34222 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARRISH, LINDA 12735 CR 675 PARRISH FL 34219 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CORRINE COWLES 9509 30TH CT. E. PARRISH, FL 34219 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT BRADY, JERRY 12510 CR 675 PARRISH FL 34219 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JUDY WISE 2204 FT. HAMER RD. PARRISH, FL 34219 <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 type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WARREN DEWITT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9843 SUCIA CIRCLE PARRISH FL 34219
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>WARREN DEWITT</i>		DATE <b>2/18/03</b> 776-1539	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2507 (10/02)