

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90047 040 \*\*\*\*61.25

**DOCUMENT # N10163**

1. Entity Name

**FIRST UNITED METHODIST CHURCH OF PERRY, INC.**



Principal Place of Business

**302 NORTH JEFFERSON STREET  
PERRY FL 32347**

Mailing Address

**P.O. BOX 487  
PERRY FL 32348  
US**

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

**59-0863352**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BARBAREE, EUNICE  
1501 EAST GREEN ST  
PERRY FL 32347**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	BARBAREE, EUNICE	
STREET ADDRESS	1501 EAST GREEN ST	
CITY-ST-ZIP	PERRY FL 32347	
TITLE	TC	<input checked="" type="checkbox"/> Delete
NAME	RUFF, MACK J.	
STREET ADDRESS	128 FERNS ST.	
CITY-ST-ZIP	PERRY FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MOCK, CYNTHIA G	
STREET ADDRESS	191 E CENTER ST	
CITY-ST-ZIP	PERRY FL 32348	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARKER, GREG	
STREET ADDRESS	106 BISHOP	
CITY-ST-ZIP	PERRY FL 32347	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHEFFIELD, JAMIE	
STREET ADDRESS	101 OSCEOLA RD	
CITY-ST-ZIP	PERRY FL 32348	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TITUS, SHIRLEY / CURRY, BRUCE	<input checked="" type="checkbox"/> Addition
NAME	293 PAUL POPPELL RD. / 1619 HOUCK RD.	
STREET ADDRESS	PERRY, FL. 32347 / PERRY, FL. 32348	
CITY-ST-ZIP	(CO-CHAIRPERSONS)	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOCK, CYNTHIA G.	
STREET ADDRESS	807 PUCKETT RD.	
CITY-ST-ZIP	PERRY, FL. 32348	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** *Eunice H. Barbaree*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2-02-05 850-584-8354*