2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10325

FILED Mar 10, 2004 Secretary of State

Entity Name: GULF COVE UNITED METHODIST CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business:

1100 MCCALL RD

PT CHARLOTTE, FL 33981 LIS

Current Mailing Address: New Mailing Address:

1100 MCCALL RD

PT CHARLOTTE, FL 33981 US

FEI Number: 59-2450154 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHOUT, RIP BOBBY, MILLER

4227 SPIRE STREET 14444 NEWCOMB ROAD

PORT CHARLOTTE, FL 33953 PORT CHARLOTTE, FL 33981 US US

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.

SIGNATURE: BOBBY MILLER 03/10/2004

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

PORT CHARLOTTE, FL 33981

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PORT CHARLOTTE, FL 33948

(X) Change () Addition () Delete

JOHN, MILLS GERRI, MCCARTHY Name: Name: 7084 SEA MIST DRIVE Address: 5379 EVEREST TERRACE Address:

City-St-Zip: PORT CHARLOTTE, FL 33981 US City-St-Zip: PORT CHARLOTTE, FL 33981 US

Title: () Delete Title: (X) Change () Addition

Name: ART, GARAFOLO Name: JOE, BENNETT Address: 4192 HOLBEIN STREET Address: 8332 CREEKVIEW LANE

City-St-Zip: PORT CHARLOTTE, FL 33981 City-St-Zip: ENGLEWOOD, FL 34224

Title: () Delete Title: (X) Change () Addition

GERRI, MCCARTHY Name: ART, GAROFOLO Name: 5379 EVEREST TERR Address: Address: 4192 HOLBEIN STREET City-St-Zip: PORT CHARLOTTE, FL 33981 City-St-Zip: PORT CHARLOTTE, FL 33981

() Delete Title: Title:

(X) Change () Addition HORSEMAN, HONALD Name: Name: RACHAEL, MCINTYRE 15434 VISCOUNT CIRCLE 1109 VICTORIA AVE. Address: Address:

Title: () Delete Title: (X) Change () Addition STEENROD, DICK GERDA, SHREVE Name: Name:

2217 OLEADA COURT 13591 MARTHA AVE Address: Address: City-St-Zip: ENGLEWOOD, FL 34224 City-St-Zip: PORT CHARLOTTE, FL 33981

Title: () Delete Title: (X) Change () Addition WADE, SOURS FRANCINE, POMPONI Name: Name:

Address: 100 MUSCOVIE CT. Address: 6400 THORMAN ROAD PUNTA GORDA, FL 33950 PORT CHARLOTTE, FL 33981 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: BOBBY MILLER V 03/10/2004