2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11489

FILED Jul 23, 2005 Secretary of State

Entity Name: JOHN WESLEY UNITED METHODIST CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 1738 OLD ST AUGUSTINE ROAD 1689 OLD ST AUGUSTINE ROAD TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 **Current Mailing Address: New Mailing Address:** 1738 OLD ST AUGUSTINE ROAD 1689 OLD ST AUGUSTINE ROAD TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 FEI Number: 59-6140993 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DURLAND, PETER R 2514 MARSTON ROAD TALLAHASSEE, FL 32301 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete COSPER, JAMES R RIVENBURG, DEBBIE MS. Name: Name: 520 OAKLAND AVE Address: 1038 WINFIELD FOREST DRIVE Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: TALLAHASSEE, FL 32317 (X) Change () Addition Title: CD () Delete Title: HILL, NELSON Name: HILL, NELSON MR. Name: Address: 2384 WINTERGREEN RD Address: 2384 WINTERGREEN ROAD City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: TALLAHASSEE, FL 32308 Title: VCD () Delete Title: (X) Change () Addition GODFREY, WALTER KITTERMAN, LESLIE MRS. Name: Name: 914 MAPLEWOOD DR 969 MEDIEVAL PLACE Address: Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: TALLAHASSEE, FL 32301 Title: Title: () Change (X) Addition () Delete Name: Name: OWENS, VERLON MR. 4903 HERITAGE PARK BLVD. Address: Address: City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32311 Title: () Delete Title: () Change (X) Addition MILLER, BILLY MR. Name: Name: 2827 BLAIRSTONE COURT Address: Address: City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32301 Title: () Delete Title: () Change (X) Addition MCKNIGHT, BASIL MR. Name: Name: Address: Address: 1605 OSTOPAKIN NENE TALLAHASSEE, FL 32301 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.

SIGNATURE: JAMES R. COSPER T 07/23/2005