

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90046 044 \*\*\*\*61.25

**DOCUMENT # N13898**

1. Entity Name  
**THE FIRST UNITED METHODIST CHURCH, INC. OF  
MOUNT DORA**



Principal Place of Business  
**439 EAST FIFTH AVENUE  
MOUNT DORA, FL 32757 US**

Mailing Address  
**440 E 6TH AVE  
MOUNT DORA, FL 32757 US**

**24011157**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02042004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-0791019**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fees Required

6. Name and Address of Current Registered Agent

**GANTZ, RICHARD  
440 E. SIXTH AVE  
MOUNT DORA, FL 32757**

7. Name and Address of New Registered Agent

Name **UPLEGER, GARY**

Street Address (P.O. Box Number is Not Acceptable)  
**440 E. Sixth Ave**

City **MT. Dora**

**FL**

Zip Code  
**32757**

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

**2/12/04**

**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

TITLE  
NAME **SCOGGINS, T.R.** ☒ Delete  
STREET ADDRESS **6531 SINISI DR**  
CITY-ST-ZIP **MOUNT DORA, FL 32757**

TITLE  
NAME **VT JACKSON, PAM** ☐ Delete  
STREET ADDRESS **16849 DEERISLAND ROAD**  
CITY-ST-ZIP **TAVARES, FL 32778**

TITLE  
NAME **ST DAWSON, BUD** ☒ Delete  
STREET ADDRESS **1436 NASSAU CIRCLE**  
CITY-ST-ZIP **TAVARES, FL 32778**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME **T Jackson, Pam** ☒ Change ☐ Addition  
STREET ADDRESS **16849 Deer Island Rd.**  
CITY-ST-ZIP **TAVARES FL 32778**

TITLE  
NAME **VT Owens, Lance** ☐ Change ☒ Addition  
STREET ADDRESS **77 Sunrise Lane**  
CITY-ST-ZIP **EUSTIS, FL 32726**

TITLE  
NAME **ST ~~James~~ Hinchee, Janet** ☐ Change ☒ Addition  
STREET ADDRESS **253 Leith ST.**  
CITY-ST-ZIP **Umatilla, FL 32784**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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:

**Lance Owens** Lance Owens

**Feb 4, 04**

**(352) 357-2628**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #