2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 19, 2004 8:00 am
Secretary of State
04-12-2004 90325 001 ****61.25

66422865

MOORE CR2E037 (11/03)

DOCUMENT # N15782

1. Entity Name

ELLENTON UNITED METHODIST CHURCH, INC.

Principal Place of Business	Mailing Address
3607 US HWY 301 N. ELLENTON FL 34222-2326	3607 US HWY 301 N. ELLENTON FL 34222-2326

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 59-2754168 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HAGER, MARLEN J JR
615 POINSETTA AVE
ELLENTON FL 34222

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC MEARES, DON 612 CAMELLIA AVE ELLENTON FL 34222	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC DEY DEMAREST 211 BOUGAINVILLEA LANE ~~PARRISH, FL 34219~~ ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRUNS, STEVEN 6501 61ST DR. E. PALMETTO FL 34221	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SHEPERD, JAMES 4128 LONG LAKE DR S ELLENTON FL 34222	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BACON, JERRY 1536 47TH AVE DR E ELLENTON FL 34222	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FS HUSBAND, LUCILLE 3304 CEDAR STREET ELLENTON FL 34222	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WHEELER, CAROLYN 615 POINSETTA AVE ELLENTON FL 34222	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BETTY FRAMBES 3416 Woody Court Ellenton, FL 34222 ☐ Change ☒ Addition

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: Dey Demarest 5-17-04 (941) 729-6882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #