

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90185 026 \*\*\*\*61.25

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01052005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N15782</b> 1. Entity Name <b>ELLENTON UNITED METHODIST CHURCH, INC.</b>					
Principal Place of Business <b>3607 US HWY 301 N. ELLENTON, FL 34222-2326</b>			Mailing Address <b>3607 US HWY 301 N. ELLENTON, FL 34222-2326</b>		
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 <b>59-2754168</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> <b>New</b>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent			7. Name and Address of <del>Former</del> Registered Agent		
<b>HAGER, MARLEN J JR</b> <del>645 PONCE DE LEON AVE</del> <del>ELLENTON, FL 34222</del>			Name  Street Address (P.O. Box Number is Not Acceptable) <b>7161 Drewry's Bluff</b>  City <b>Bradenton</b>		
FL Zip Code <b>34203</b>			FL Zip Code <b>34203</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC DEMAREST, DEY 211 BOUGAINVILLEA LANE PARRISH, FL 34219</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BRUNS, STEVEN 6501 61ST DR. E. PALMETTO, FL 34221</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Woodring, Earl 3412 Woody Court Ellenton, FL 34222</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SHEPERD, JAMES 4128 LONG LAKE DR S ELLENTON, FL 34222</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T BACON, JERRY 1536 47TH AVE DR E ELLENTON, FL 34222</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FS HUSBAND, LUCILLE 3304 CEDAR STREET ELLENTON, FL 34222</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Hager, Marlen J., JR 7161 Drewry's Bluff Bradenton, FL 34203</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T FRAMBES, BETTY 3416 WOODY CT ELLENTON, FL 34222</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 I am empowered.					
<b>SIGNATURE:</b>			<b>Marlen J Hager, Jr</b> <b>Chairman</b> <b>2/21/05</b> <b>941.756.9730</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		