

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2005 8:00 am
Secretary of State

08-22-2005 90061 026 ****61.25

DOCUMENT # N21125

1. Entity Name
THE ZELLWOOD UNITED METHODIST CHURCH, INC.



Principal Place of Business
**5538 JONES AVENUE
P.O. BOX 236
ZELLWOOD, FL 32798-0236**

Mailing Address
**5538 JONES AVENUE
P.O. BOX 236
ZELLWOOD, FL 32798-0236**

50062675



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07192005

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-6569129

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~GOINS, ELMER
3801 DIAMOND OAK WAY
ZELLWOOD, FL 32798~~

7. Name and Address of New Registered Agent

Name **CASTELLI, PATRICIA**
Street Address (P.O. Box Number is Not Acceptable)
4650 CHANDLER RD
City **APOPKA** FL Zip Code **32712**

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

Patricia Castelli **PATRICIA CASTELLI**

8/12/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

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 **P** ☒ Delete
NAME **GOINS, ELMER**
STREET ADDRESS **3801 DIAMOND OAK WAY**
CITY-ST-ZIP **ZELLWOOD, FL 32798**

TITLE **VP** ☒ Delete
NAME **MCFAUL, BILL**
STREET ADDRESS **2142 OAK LANE**
CITY-ST-ZIP **ZELLWOOD, FL 32798**

TITLE **S** ☒ Delete
NAME **HOWARD, JEANNE**
STREET ADDRESS **BOX 571**
CITY-ST-ZIP **ZELLWOOD, FL 32798**

TITLE **D** ☐ Delete
NAME **MCELLAN, DICK**
STREET ADDRESS **3436 BUTTON BUSH DR.**
CITY-ST-ZIP **ZELLWOOD, FL 32798**

TITLE **D** ☒ Delete
NAME **EURE, DELORES**
STREET ADDRESS **P.O. BOX 507**
CITY-ST-ZIP **ZELLWOOD, FL 32798**

TITLE **T** ☐ Delete
NAME **STARBIRD, ELLIS MRS.**
STREET ADDRESS **P.O. BOX 386**
CITY-ST-ZIP **ZELLWOOD, FL 32798**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
NAME **CASTELLI, PATRICIA**
STREET ADDRESS **4650 CHANDLER RD**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE ☒ Change ☐ Addition
NAME **BLOCHER, LYNN**
STREET ADDRESS **3924 Cohen Dr**
CITY-ST-ZIP **Zellwood, FL 32798**

TITLE ☒ Change ☐ Addition
NAME **NARROW, SUSAN**
STREET ADDRESS **31103 Swann Rd**
CITY-ST-ZIP **Sorrento FL 32776**

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

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

TITLE ☐ Change ☐ Addition
NAME
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:

Patricia Castelli **PATRICIA CASTELLI**

8/12/05

407-889-5535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **X108**