

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90075 024 \*\*\*\*61.25

<b>DOCUMENT # N21969</b> 1. Entity Name <b>THE FIRST SOUTHERN METHODIST CHURCH, INC.</b>					
Principal Place of Business <b>103 WEST JOHNSON ROAD PLANT CITY, FL 33567</b>				Mailing Address <b>103 WEST JOHNSON ROAD PLANT CITY, FL 33566-5766</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2370184</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BUTI, PAUL L 707 ROCKY MT COURT VALRICO, FL 33594</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 <u><i>Paul L Buti</i></u> <span style="float: right;"><i>2-11-04</i></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>RAWLS, DARLENE 609 S WIGGINS RD. PLANT CITY, FL 33566</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC RAWLS - BUTI, CERON 810 Crest Top Trail Valrico, FL 33594</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>DORSEY, LAURENT 1610 MERIDITH PLACE PLANT CITY, FL 33567</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D EVA C2ETTO 4002 Smith Ryals Road Lot 85 Plant City, FL 33567</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>RAWLS- BUTI, CERON 810 GREST TOP TRAIL VALRICO, FL 33594</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GRACE, MARGARET 2203 Gordon Street Plant City, FL 33566</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>BUTI, PAUL L 707 ROCKY MT COURT VALRICO, FL 33594</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>RAWLS, RICHARD 609 S WIGGINS RD. PLANT CITY, FL 33566</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC <input checked="" type="checkbox"/> Delete <b>BUTI, WILLA MAE 4105 MUD LAKE RD PLANT CITY, FL 33567</b>	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 like empowered.					
<b>SIGNATURE:</b> <u><i>Paul L Buti</i></u> <span style="float: right;"><i>2-11-04</i></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					