


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

FILED
May 11, 2004 8:00 am
Secretary of State

05-11-2004 90077 047 ****61.25

DOCUMENT # N23119

1. Entity Name
ROCKY SPRINGS UNITED METHODIST CHURCH, INC.



Principal Place of Business Mailing Address

C/O G.F. RYKARD, JR. **C/O G.F. RYKARD, JR.**
RT. 4, BOX 8050 **RT. 4, BOX 8050**
MADISON FL 32340 **MADISON FL 32340**

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 Applied For

NO-T APPLICABLE Not Applicable

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



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

RYKARD, G.F., JR.
RT. 4, BOX 8050
MADISON-FL 32340

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	RYKARD, G.F., JR.	
STREET ADDRESS	RT. 4, BOX 8050	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DAVIS, W. EUGENE	
STREET ADDRESS	RT. 4 BOX 1575	
CITY-ST-ZIP	MADISON FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILLIS, IDA	
STREET ADDRESS	RT 3 BOX 88	
CITY-ST-ZIP	MADISON FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WILLIS, LINTON	
STREET ADDRESS	RT. 33 BOX 88	
CITY-ST-ZIP	MADISON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *M. F. Rykard, Jr.* **5-4-04** **9736804**

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