


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90109 027 \*\*\*\*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.  
 RT. 4, BOX 8050  
 MADISON FL 32340. C/O G.F. RYKARD, JR.  
 RT. 4, BOX 8050  
 MADISON FL 32340



2. Principal Place of Business 3. Mailing Address  
*G.F. Rykard Jr*  
*3805 NW Little Cat Rd*  
 Suite, Apt. #, etc. *Madison FL 32340* Suite, Apt. #, etc.

1st MOORE CR2E037 (10/04)

City & State *Madison Fla* City & State  
 4. FEI Number **NO-T APPLICABLE** Applied For  
 Not Applicable

Zip *32340* Country *Madison* Zip Country  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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 *G.F. Rykard Jr*  
 Street Address (P.O. Box Number is Not Acceptable)  
*Little Cat Rd*  
 City *Madison* FL Zip Code *32340*

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 \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD RYKARD, G.F., JR. RT. 4, BOX 8050 MADISON FL 32340	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVIS, W. EUGENE RT. 4 BOX 1575 MADISON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIS, IDA RT 3 BOX 88 MADISON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIS, LINTON RT. 33 BOX 88 MADISON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PD G.F. Rykard Jr</i> <i>3805 NW Little Cat Rd</i> <i>Madison, Fla. 32340</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VD Davis W. Eugene</i> <i>2907 Little Cat Rd</i> <i>Madison, Fla. 32340</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SD Willis, IDA</i> <i>4847 NE Rocky Ford Rd., NY 591</i> <i>Madison FL 32340</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TD Willis, Linton</i> <i>4847 NE Rocky Ford Rd., NY 591</i> <i>Madison, FL 32340</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *G.F. Rykard Jr*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5-8-05* *3509736804*  
 Date Daytime Phone #