

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 08, 2005  
Secretary of State**

DOCUMENT# N24580

Entity Name: FIRST UNITED METHODIST CHURCH OF BROOKSVILLE, INC.

**Current Principal Place of Business:**

109 SOUTH BROAD STREET  
BROOKSVILLE, FL 34601

**New Principal Place of Business:**

**Current Mailing Address:**

109 SOUTH BROAD STREET  
BROOKSVILLE, FL 34601

**New Mailing Address:**

FEI Number: 59-1009938      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MASON, JOE M JR  
101 S MAIN ST  
BROOKSVILLE, FL 34601      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T      ( ) Delete  
Name: SHORTER, SANDRA  
Address: 407 COOGLER AVE.  
City-St-Zip: BROOKSVILLE, FL 34601

Title: T      ( ) Delete  
Name: MYLREA, PHILIP J  
Address: 14001 SNOW MEMORIAL HWY  
City-St-Zip: BROOKSVILLE, FL 34601

Title: T      ( ) Delete  
Name: SKIPPER, JAMES P  
Address: 24145 WESTSHIRE CT.  
City-St-Zip: BROOKSVILLE, FL 34601

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T      (X) Change ( ) Addition  
Name: BILLY, SIMS  
Address: 6107 E. KING LANE  
City-St-Zip: INVERNESS, FL 34452

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. PATRICK SKIPPER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

02/08/2005

\_\_\_\_\_  
Date