


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

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90274 046 \*\*\*\*61.25

**DOCUMENT # N30026**

1. Entity Name  
**ANTHONY UNITED METHODIST CHURCH, INC.**



Principal Place of Business  
**2936 NE 97TH PLACE  
 P. O. BOX 96  
 ANTHONY, FL 32617**

Mailing Address  
**2936 NE 97TH PLACE  
 P. O. BOX 96  
 ANTHONY, FL 32617**

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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03082005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent

**TRIPLETT, JAMES E  
 4655 NW 23RD CT  
 Ocala, FL 34479**

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)

**Filing 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	<b>D</b> <b>CARTER, RAYMOND</b> <b>9132 NE 16TH TER</b> <b>OCALA, FL 32617</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>CYR, WALTER</b> <b>10300 NE JAX RD</b> <b>ANTHONY, FL 32617</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VANDOREN, GARY</b> <b>11532 NW GAINSEVILLE RD</b> <b>LOWELL, FL 326630101</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KUNZ, AL</b> <b>10850 NE HWY 315</b> <b>FORT MC COY, FL 32134</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HALL, HARMON</b> <b>1500 N E 59TH ST.</b> <b>OCALA, FL 34470</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHORT, BOOKER</b> <b>4325 NE 21ST ST</b> <b>OCALA, FL 34470</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P.D</b> <b>JAMES Triplett</b> <b>4655 N.E. 23rd Ct.</b> <b>OCALA, FL 34479</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CHARLOTTE Williams</b> <b>9980 NE 23rd Ct.</b> <b>ANTHONY, FL 32617</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T.D</b> <b>SEANETTE M. Cyr</b> <b>10300 NE Jacksonville Rd.</b> <b>ANTHONY, FL 32617</b> <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
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:** *Jeanette M. Cyr* **JEANETTE M. CYR, TREASURER** **4/27/05** **352-629-0437**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #