

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

FILED
May 13, 2004 8:00 am
Secretary of State

05-13-2004 90005 035 ****61.25

DOCUMENT # N30089

1. Entity Name

THE WESLEYAN CHURCH OF PAOLA, INC.



Principal Place of Business

5650 WAYSIDE DR
5751 MICHELLE LANE
SANFORD FL 32771
US

Mailing Address

C/O GENE A BURKE
5751 MICHELLE LANE
SANFORD FL 32771

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

59-2934060

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75-Additional
Fee Required**

6. Name and Address of Current Registered Agent

BUMGARDNER, BEECHER
5415 ORANGE BLVD.
SANFORD FL 32771

7. Name and Address of New Registered Agent

Name Burke, Gene A.
Street Address (P.O. Box Number is Not Acceptable)

5751 Michelle Lane

City Sanford

FL

Zip Code 32771

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

Gene A. Burke
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-10-04

**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 DP ☐ Delete
NAME BURKE, GENE A
STREET ADDRESS 5751 MICHELLE LANE
CITY-ST-ZIP SANFORD FL 32771

TITLE STD ☐ Delete
NAME SEXTON, JAMES R
STREET ADDRESS 3471 OHIO AVE
CITY-ST-ZIP SANFORD FL 32773

TITLE D ☒ Delete
NAME BUMGARDNER, WILLIAM R
STREET ADDRESS 2618 MOHAWK AVENUE
CITY-ST-ZIP SANFORD FL 32771

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Young, Gerald L.
STREET ADDRESS 314 Idylwild Drive
CITY-ST-ZIP Sanford, FL 32771

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Sue E. Session, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407 321 6458

5-10-04