


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 08, 2005 8:00 am**  
**Secretary of State**

08-08-2005 90047 012 \*\*\*\*61.25

<b>DOCUMENT # N33613</b> 1. Entity Name <b>HERNANDO UNITED METHODIST CHURCH, INC.</b>					
Principal Place of Business <b>2125 E. NORVELL BRYANT HIGHWAY HERNANDO, FL 34442-2970 US</b>			Mailing Address <b>2125 E. NORVELL BRYANT HIGHWAY HERNANDO, FL 34442-2970 US</b>		
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 <b>59-2922751</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BIDGOOD, ROGER 6451 N. CANOPY TER HERNANDO, FL 34442</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>	
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 <u>Roger Bidgood</u> <u>Roger Bidgood</u> <u>JULY 25, 05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDEL, CHARLES		NAME	Graham, Carol	
STREET ADDRESS	308 E. REEHILL ST.		STREET ADDRESS	1047 N. Cherry Pop Dr.	
CITY-ST-ZIP	LECANTO, FL 34461		CITY-ST-ZIP	Inverness, FL 34453	
TITLE	VC	<input checked="" type="checkbox"/> Delete	TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELLS, HELEN		NAME	Cahela, Jerry	
STREET ADDRESS	2403 N JUNGLE CAMP RD		STREET ADDRESS	575 E. Buckingham Dr	
CITY-ST-ZIP	INVERNESS, FL 34453		CITY-ST-ZIP	Lecanto, FL 34461	
TITLE	C	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIDGOOD, ROGER		NAME	Wells, Gordon	
STREET ADDRESS	6459 N. CANOPY TER		STREET ADDRESS	1620 E. Allegrie Dr	
CITY-ST-ZIP	HERNANDO, FL 34442		CITY-ST-ZIP	Inverness, FL 34453	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTZ, SAMUEL MR.		NAME	Amati, Charles	
STREET ADDRESS	2692 N. BRENTWOOD CR.		STREET ADDRESS	3673 N. Chandler Dr	
CITY-ST-ZIP	LECANTO, FL 34461		CITY-ST-ZIP	Hernando, FL 34442	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICKLES, PATRICIA MRS.		NAME	Mieras, Bonnie	
STREET ADDRESS	1775 N. NEW POINT		STREET ADDRESS	2344 Hampshire St.	
CITY-ST-ZIP	HERNANDO, FL 34442		CITY-ST-ZIP	Inverness, FL 34453	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, MARY LOU		NAME	Randy Colomb	
STREET ADDRESS	241 S.E. 2ND AVE., P.O. BOX245		STREET ADDRESS	5150 E Stokes Ferry Dr	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429		CITY-ST-ZIP	Hernando, FL 34442	
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.					
<b>SIGNATURE: <u>Roger Bidgood</u> <u>Roger Bidgood</u> <u>Trustee Chairperson</u> <u>7-25-05</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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