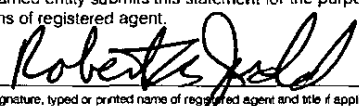
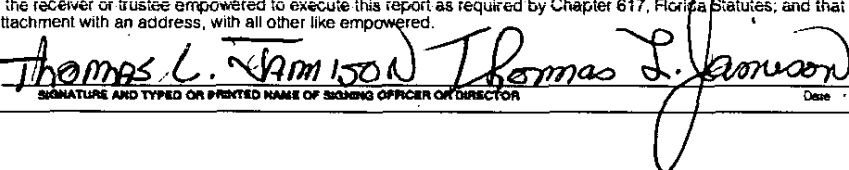


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90027 015 ****61.25

DOCUMENT # N36314					
1. Entity Name UNITED METHODIST MEN OF GULF COVE, INC:					
Principal Place of Business 1100 MCCALL RD PT. CHARLOTTE, FL 33981 US			Mailing Address 1100 MCCALL RD PT CHARLOTTE, FL 33981 US		
2. Principal Place of Business		3. Mailing Address		 04052004 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0256388	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required Applied For: ☐ Not Applicable: ☐	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MILLS, JOHN H 7084 SEA MIST DR PORT CHARLOTTE, FL 33981				Name JUDD, ROBERT	
				Street Address (P.O. Box Number is Not Acceptable)	
				243 FAIRWAY RD. City ROTONDA FL Zip Code 33947	
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 4/5/04	
Filing Fee is \$61.25 Due by May 1, 2004				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	☒ Delete		TITLE	PD
NAME	TENBRINK, TERRY			NAME	MOULTON, AL
STREET ADDRESS	11450 LAFFITE PL			STREET ADDRESS	477 ROTONDA CIR.
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981			CITY-ST-ZIP	ROTONDA WEST, FL 33947
TITLE	VPT	☒ Delete		TITLE	
NAME	MOULTON, AL			NAME	BENITEZ, ROBERT
STREET ADDRESS	477 ROTONDA CIR			STREET ADDRESS	42 MARKER LANE
CITY-ST-ZIP	ROTONDA WEST, FL 33947			CITY-ST-ZIP	ROTONDA, FL 33947
TITLE	TS	☒ Delete		TITLE	
NAME	MILLS, JOHN N			NAME	JUDD, ROBERT
STREET ADDRESS	7084 SEA MIST DR			STREET ADDRESS	243 FAIRWAY RD.
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981			CITY-ST-ZIP	ROTONDA, FL 33947
TITLE	T	☐ Delete		TITLE	
NAME	JAMISON, TOM			NAME	
STREET ADDRESS	9 BUNKER WAY			STREET ADDRESS	
CITY-ST-ZIP	ROTONDA WEST, FL 33947			CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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:  Thomas L. Jamison 4/6/04 941-698-1484					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					