

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

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

03-09-2004 90024 035 ****61.25

DOCUMENT # N37334

1. Entity Name

**FIRST UNITED METHODIST CHURCH OF FORT WALTON
BEACH, FLORIDA EMERGENCY SHELTER FAMILY HOME,**



Principal Place of Business

**103 FIRST STREET, SE
FT. WALTON BEACH FL 32548**

Mailing Address

**103 FIRST STREET, SE
FT. WALTON BEACH FL 32548**

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

59-3046742

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, SARAH P
103 FIRST ST
FORT WALTON BEACH FL 32548**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 ☐ Delete
NAME **D**
STREET ADDRESS **MC GEE, JOHN**
CITY-ST-ZIP **135 PERRY AVENUE
FT WALTON BEACH FL 32548**

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **THOMAS, GORDON**
CITY-ST-ZIP **731 FOREST SHORES DRIVE
MARY ESTHER FL 32569**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **PETERSON, GLENNON**
CITY-ST-ZIP **640 W. SUNSET BOULEVARD
FORT WALTON BEACH FL 32547**

TITLE ☐ Delete
NAME **ST**
STREET ADDRESS **WILLIAMS, SARAH N**
CITY-ST-ZIP **108 OPP BOULEVARD
FT. WALTON BCH FL 32548**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **HUMGARDNER, FLORENCE**
CITY-ST-ZIP **101 OLD FERRY RD., UNIT 28 B
SHALIMAR FL 32579**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MILLER, CAROLINE**
CITY-ST-ZIP **91 BAYWINDS DRIVE
DESTIN FL 32541**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **D Kathleen Martin**
STREET ADDRESS **48 Iowa Dr NE**
CITY-ST-ZIP **Fort Walton Beach, FL 32548**

TITLE ☐ Change ☒ Addition
NAME **D Charlotte Neighbors**
STREET ADDRESS **15 Tall Pines Trail**
CITY-ST-ZIP **Shalimar, FL 32579**

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

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:

Sarah P. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-04 950243-3519
Date Daytime Phone #