


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90021 003 ****61.25

DOCUMENT # N40060	
1. Entity Name LAKE HELEN UNITED METHODIST CHURCH, INC.	

Principal Place of Business 111 W DELAWARE AVE LAKE HELEN, FL 32744 US	Mailing Address 111 W DELAWARE AVE LAKE HELEN, FL 32744 US
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24080949



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

07182004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-0155620	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BECKMAN, THOMAS J 458 JOHN STREET LAKE HELEN, FL 32744		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 _____
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Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTMAN, DURHAM	NAME	
STREET ADDRESS	217 OAK AVENUE	STREET ADDRESS	
CITY-ST-ZIP	ORANGE CITY, FL 32763	CITY-ST-ZIP	
TITLE	TR <input checked="" type="checkbox"/> Delete	TITLE	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KETCHUM, OMAR	NAME	HelenSmith
STREET ADDRESS	137 SYCAMORE LANE	STREET ADDRESS	135 Maple Lane
CITY-ST-ZIP	LAKE HELEN, FL 32744	CITY-ST-ZIP	Lake Helen, FL 32744
TITLE	TR <input checked="" type="checkbox"/> Delete	TITLE	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPRANKLE, KERMIT	NAME	Charles Craft
STREET ADDRESS	213 N SUMMIT AVE	STREET ADDRESS	391 High St.
CITY-ST-ZIP	LAKE HELEN, FL 32744	CITY-ST-ZIP	Lake Helen, FL 32744
TITLE	TRC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCAUGHTRY, DONALD B	NAME	
STREET ADDRESS	186 S EUCLID AVE	STREET ADDRESS	
CITY-ST-ZIP	LAKE HELEN, FL 32744	CITY-ST-ZIP	
TITLE	TR <input checked="" type="checkbox"/> Delete	TITLE	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LONG, NORRIS	NAME	Delton Borden
STREET ADDRESS	310 E LANSLOWNE AVE	STREET ADDRESS	110 Hickory Lane
CITY-ST-ZIP	ORANGE CITY, FL 32763	CITY-ST-ZIP	Lake Helen, FL 32744
TITLE	TR <input checked="" type="checkbox"/> Delete	TITLE	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARGENBRIGHT, JR., WALTER N	NAME	Rowena Bjorkman
STREET ADDRESS	2250 RIVER RIDGE RD.	STREET ADDRESS	3725 Commanche Trail
CITY-ST-ZIP	DELAND, FL 32720	CITY-ST-ZIP	Lake Helen, FL 32744

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 another like empowered.

SIGNATURE: 	8/20/04	386-228-2345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #