


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N40360</b> 1. Entity Name <b>REDLAND COMMUNITY UNITED METHODIST CHURCH, INC.</b>	
--	---

Principal Place of Business <b>P.O. BOX 901094 HOMESTEAD, FL 33090-1094</b>	Mailing Address <b>P.O. BOX 901094 HOMESTEAD, FL 33090-1094</b>
--	--



01182005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1711122</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---------------------------------------

6. Name and Address of Current Registered Agent  <b>FRANK R. BUSCH 1766 NW 19TH ST. HOMESTEAD, FL 33030</b>
---

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GARCIA, SANTIAGO 20190 SW 286TH ST HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MC CREARY, BILL 628 NW 4TH ST. HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOSNELL, BARBARA 26575 SW 185 AVE. HOMESTEAD, FL 33031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RHODES, VESTA 18501 S.W. 152ND AVENUE, LOT 103 HOMESTEAD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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:** *Santiago Garcia, Jr* **SANTIAGO GARCIA, JR**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRES.**  
Date 1-31-05 305 237 6124 Daytime Phone #