


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90025 035 \*\*\*\*61.25

<b>DOCUMENT # N40676</b> 1. Entity Name <b>NORTH MERRITT ISLAND UNITED METHODIST CHURCH, INC.</b>					
Principal Place of Business <b>6355 N. COURTENAY PKWY MERRITT ISLAND, FL 32953 US</b>			Mailing Address <b>6355 N. COURTENAY PKWY. MERRITT ISLAND, FL 32953 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country			
4. FEI Number <b>59-3040188</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				02022004    Chg-NP                      CR2E037 (10/03)	
6. Name and Address of Current Registered Agent  <b>IVEY, WADE A. 275 EAGLE LANE MERRITT ISLAND, FL 32953</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WADE, IVEY 275 EAGLE LANE MERRITT ISLAND, FL 32953	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHIEBEN, SCOTT 650 APACHE TRAIL MERRITT ISLAND, FL 32953	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IVEY, GRADY 4047 SHUTTLE COURT MERRITT ISLAND, FL 32953	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GETTLEMAN, ALAN 2225 TANGLEWOOD LANE MERRITT ISLAND, FL 32953	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MJON, MICHAEL 222 VIA HAVARRE MERRITT ISLAND, FL 32953	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREDERICK, CAMILLA 3370 BISCAYNE DRIVE MERRITT ISLAND, FL 32953	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCOTT DOMINY 6357 N. COURTENAY PKWY. MERRITT ISLAND, FL 32953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERILEA CAIN 290 EAGLE LN. MERRITT ISLAND, FL 32953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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:</b> <u>WADE IVEY</u> <u>2-02-04</u> <u>(321)453-3812</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #</small>					