


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90169 001 ****61.25

DOCUMENT # N43366

1. Entity Name
FIRST UNITED METHODIST CHURCH OF CHIEFLAND, INC.



Principal Place of Business
**BOX 1086
 CHIEFLAND, FL 32644**

Mailing Address
**BOX 1086
 CHIEFLAND, FL 32644**

3406J000



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04212004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
59-2338375

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BEAUCHAMP, GREGORY V.
 107 E. PARK AVE.
 CHIEFLAND, FL 32626**

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	WELLS, RUSSELL	
STREET ADDRESS	14790 NW 72 CT	
CITY-ST-ZIP	CHIEFLAND, FL 32626	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BURR, JUNIE	
STREET ADDRESS	10750 NW 88 TERR	
CITY-ST-ZIP	CHIEFLAND, FL 32626	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILSON, WIHLENA	
STREET ADDRESS	1205 W PARK AVE	
CITY-ST-ZIP	CHIEFLAND, FL 32626	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	King, Nancy	
STREET ADDRESS	209 NW 8th St.	
CITY-ST-ZIP	Chiefland, FL 32626	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Russell Wells* **22 APRIL 2004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #