

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

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90039 045 ****61.25

DOCUMENT # N43922

1. Entity Name

SUMTER MINISTERIAL ASSOCIATION, INC.



Principal Place of Business

1308 CLEVELAND AVE
WILDWOOD FL 34785
US

Mailing Address

P O BOX 413
WILDWOOD FL 34785
US

04010000



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3102499

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

7. Name and Address of New Registered Agent

PARKER, DANIEL
1308 CLEVELAND AVE
WILDWOOD FL 34785

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 DV
NAME RICHWINE, DANIEL ☐ Delete
STREET ADDRESS 2099 E C R 470
CITY-ST-ZIP SUMTERVILLE FL 33585

TITLE DS
NAME SHOEMAKER, ROB ☐ Delete
STREET ADDRESS 9165 C.R. 128C
CITY-ST-ZIP WILDWOOD FL 34785

TITLE DP
NAME PARKER, DANIEL ☐ Delete
STREET ADDRESS 1308 CLEVELAND AVENUE
CITY-ST-ZIP WILDWOOD FL 34785

TITLE DT
NAME MCDOWELL, MARK ☐ Delete
STREET ADDRESS 17 MARKET ST
CITY-ST-ZIP CENTER HILL FL 33514

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE DV
NAME ARTHUR CHANDLER ☐ Change ☒ Addition
STREET ADDRESS 112 HDEX ST
CITY-ST-ZIP WILDWOOD FL 34785

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:

Daniel R Parker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/04

Date

352-748-1022

Daytime Phone #