2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44814

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

FILED Jan 07, 2005 Secretary of State

Entity Name: FIRST UNITED METHODIST CHURCH OF FORT PIERCE, INC.

Current Principal Place of Business: New Principal Place of Business: 616 ORANGE AVENUE FORT PIERCE, FL 34950 **Current Mailing Address: New Mailing Address:** 616 ORANGE AVENUE FORT PIERCE, FL 34950 FEI Number: 59-0662290 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STUBE, TODD PASTOR 616 ORANGE AVENUE FORT PIERCE, FL 34950 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition DAVI, LINDA FLESCHE, FRANK Name: Name: 2431 MOHAWK AVE Address: 6605 S. INDIAN RIVER DR. Address: City-St-Zip: FT. PIERCE, FL 34946 City-St-Zip: FT. PIERCE, FL 34982 Title: Title: () Delete () Change () Addition KING, GLADYS Name: Name: Address: 3407 DELAWARE AVE. Address: City-St-Zip: FT. PIERCE, FL 34947 City-St-Zip: Title: () Delete Title: (X) Change () Addition BORLAND, RAY JR HAWLEY, CRAIG Name: Name: 8004 LINKS WAY 8460 IMMOKOLEE RD. Address: Address: City-St-Zip: FORT PIERCE, FL 34946 City-St-Zip: FORT PIERCE, FL 34951 Title: () Delete Title: (X) Change () Addition WROBLESKI, MARY Name: GOODWYN, MARY Name: 3515 SUNRISE BLVD. Address: Address: 2511 GREY TWIG LANE City-St-Zip: FT. PIERCE, FL 34982 City-St-Zip: FT. PIERCE, FL 34981

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: TODD STUBE PAST 01/07/2005

() Delete

() Delete

5212 FERTHER CREEK DR

FORT PIERCE, FL 34951

KINDRED, TOM SR

1905 WYOMING AVE

FORT PIERCE, FL 34982

FURST, BILL

(X) Change () Addition

(X) Change () Addition

NEVERS, DICK

FOSTER, MIKE

396 SW TODD AVE.

436 EUGOPEAN LANE

FORT PIERCE, FL 34982

PORT ST. LUCIE, FL 34952