

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90050 037 ****61.25

DOCUMENT # N48713

1. Entity Name

ST. ANDREWS UNITED METHODIST CHURCH, INC.



Principal Place of Business

100 ST. ANDREWS BLVD.
WINTER PARK FL 32792

Mailing Address

100 ST. ANDREWS BLVD.
WINTER PARK FL 32792

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3123894

Applied For

Not Applicable

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

WALKER, ROBERTA F
2171 GLENCORE RD.
WINTER PARK FL 32792

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, 2005**

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	P	<input type="checkbox"/> Delete
NAME	SEAGRAVES, JAMES N	
STREET ADDRESS	200 ST ANDREWS BLVD #2108	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	TV	<input type="checkbox"/> Delete
NAME	MULLENS, BILL	
STREET ADDRESS	509 YACATAN DR	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	TV	<input type="checkbox"/> Delete
NAME	BONAR, JAMES	
STREET ADDRESS	2805 KINGS DEER RD	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	TV	<input checked="" type="checkbox"/> Delete
NAME	SNYDER, FRED	
STREET ADDRESS	2809 PRINCE JOHN RD	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	I	<input type="checkbox"/> Delete
NAME	REED, DELORISE	
STREET ADDRESS	994 EASTBROOK BLVD	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chuck Mitchell	
STREET ADDRESS	812 Bloomingdale Dr	
CITY-ST-ZIP	Orlando, FL 32828	
TITLE	TV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Jones	
STREET ADDRESS	2653 East Ham Rd	
CITY-ST-ZIP	Winter Park, FL 32792	
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: *Delorise R. Reed* - DELORISE R. REED, TREAS. 2/5/05 407-671-9707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #