
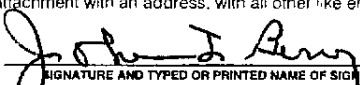


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N49508</b> 1. Entity Name <b>ST. PAUL'S UNITED METHODIST CHURCH OF ORANGE COUNTY, FLORIDA, INC.</b>					
Principal Place of Business <b>4710 ADANSON ST ORLANDO, FL 32804 US</b>			Mailing Address <b>C/O ST. PAUL'S UNITED MEHTODIST CHURCH 4710 ADANSON ST. ORLANDO, FL 32804</b>		
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 <b>59-0951531</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>PARKER, MILDRED E. 817 CAREW AVE. ORLANDO, FL 32804</b>			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 _____ (NOTE: Registered Agent signature required when terminating) <small>Signature, typed or printed name of registered agent and title if applicable</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</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAY, HARRY		NAME		
STREET ADDRESS	275 ORANGE TERRACE		STREET ADDRESS		
CITY- ST- ZIP	WINTER PARK, FL 32789		CITY- ST- ZIP		
TITLE	T		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRIGHT, CHRIS		NAME		
STREET ADDRESS	6707 CRESCENT RIDGE ROAD		STREET ADDRESS		
CITY- ST- ZIP	ORLANDO, FL 32810		CITY- ST- ZIP		
TITLE	T		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STANFORD, DUANE		NAME		
STREET ADDRESS	3019 CECILIA DRIVE		STREET ADDRESS		
CITY- ST- ZIP	APOPKA, FL 32703		CITY- ST- ZIP		
TITLE	PFC		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERRY, JOHN L SR		NAME		
STREET ADDRESS	403 HERMITAGE DRIVE		STREET ADDRESS		
CITY- ST- ZIP	ALTAMONTE SPRINGS, FL 32701		CITY- ST- ZIP		
TITLE	T		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LARSON, JOHN		NAME		
STREET ADDRESS	4272 KENDRICK ROAD		STREET ADDRESS		
CITY- ST- ZIP	ORLANDO, FL 32804		CITY- ST- ZIP		
TITLE	S		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARKER, MILDRED E		NAME		
STREET ADDRESS	817 CAREW AVENUE		STREET ADDRESS		
CITY- ST- ZIP	ORLANDO, FL 32804		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					
<b>SIGNATURE:</b>  <div style="float: right; text-align: right;"> <b>4/28/04</b> 407-830-1905  <small>Date Daytime Phone #</small> </div>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					