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

## May 03, 2004 8:00 am Secretary of State DOCUMENT # N49586 1. Entity Name 05-03-2004 90681 034 \*\*\*\*61.25 TERRA CEIA UNITED METHODIST CHURCH INC. Principal Place of Business Mailing Address 599 KAY HUBBARD ROAD TERRACEIA FL 34250 TERRA CEIA FL 34250 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 65-0346890 Not Applicable Zio Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEVAN, ANITA 5008-B 19 ST. WEST Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34207** City 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to $\Box$ Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change Addition LAIS, ROBERT NAME MAME 5611 BAYSHORE ROAD, #11 STREET ADDRESS STREET ADDRESS PALMETTO FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition TITLE KENT, LEWIS NAME MAME P.O. BOX 360 STREET ADDRESS STREET ADDRESS TERRA CEIA FL 34250 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete LEVAN, ANITA NAME NAME 5008-B 19TH STREET WEST STREET ADDRESS STREET ADDRESS BRADENTON FL CITY-ST-7IP CITY-ST-ZIP V - W Mariantes Change ☐ Delete X Addition TITLE TITLE Treasurer Vera Tillett NAME NAME STREET ADDRESS STREET ADDRESS P 0 Box 292 CITY-ST-ZIP CITY-ST-ZIF Terra Ceia FL TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS

12. Thereby 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-2004

Dayline Phone #

FILED