


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2004 8:00 am
Secretary of State

08-04-2004 90017 030 ****65.00

DOCUMENT # N92000000769 1. Entity Name THE NOCATEE UNITED METHODIST CHURCH, INC.					
Principal Place of Business P.O. BOX 393 NOCATEE, FL 34268 US			Mailing Address P.O. BOX 393 NOCATEE, FL 34268 US		
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 65-0393818	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RICE, ROBERT D 2470 SW CHARLOTTE ST ARCADIA, FL 34266			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICE, ROBERT D		NAME		
STREET ADDRESS	2470 SW CHARLOTTE ST		STREET ADDRESS		
CITY-ST-ZIP	ARCADIA, FL 34266		CITY-ST-ZIP		
TITLE	TR	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEBB, SIDNEY		NAME	Trustee	
STREET ADDRESS	2692 NE HWY 70 LOT #601		STREET ADDRESS	LOFLIN, RONALD	
CITY-ST-ZIP	ARCADIA, FL 34266		CITY-ST-ZIP	720 Parkview Rd	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOFLIN, RONALD G		NAME	Jim Blitch	
STREET ADDRESS	720 PARKVIEW RD		STREET ADDRESS	3711 SE Arthur St	
CITY-ST-ZIP	ARCADIA, FL 34266		CITY-ST-ZIP	Arcadia FL 34266	
TITLE	LL	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARRY, BETTY		NAME	5901 SE Airport Rd	
STREET ADDRESS	1793 SE CHERRY BROVE		STREET ADDRESS	Arcadia FL 34266	
CITY-ST-ZIP	ARCADIA, FL 34266		CITY-ST-ZIP		
TITLE	SAB	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PITTS, NANCY		NAME	2798 SE Norman Ave	
STREET ADDRESS	2901 AIRPORT RD		STREET ADDRESS	Arcadia FL 34266	
CITY-ST-ZIP	ARCADIA, FL 34266		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Robert D. Rice</u> <u>Robert D. Rice</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

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