


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 22, 2005 08:00 AM
Secretary of State

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
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01132005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0393818	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

RICE, ROBERT D
2470 SW CHARLOTTE ST
ARCADIA, FL 34266

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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 reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RICE, ROBERT D 2470 SW CHARLOTTE ST ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOFLIN, RONALD 720 PARKVIEW RD ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS BLITCH, JIM 3711 SE ARTHURST ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LL MARRY, BETTY 5901 SE AIRPORT RD ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAB PITTS, NANCY 2798 SE NORMAN AVE ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. 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.

DO NOT WRITE IN THIS SPACE

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01/24/05-80171-007 61.25

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: Ronald Loflin RONALD LOFLIN 01-18-05 863-491-0347
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #