2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90279 006 ****61.25

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1. Entity Name
FIRST UNITED METHODIST CHURCH OF HAINES CITY, FLA., INC.

14010795

Principal Place of Business	Mailing Address
21 S. SECOND ST. HAINES CITY, FL 33844	21 S. SECOND ST. HAINES CITY, FL 33844

02082005 Chg-NP CR2E037 (10/03)

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 59-1573252 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BOGGS, R. CHARLES JR.
21 SOUTH 2ND STREET
HAINES CITY, FL 33844

7. Name and Address of New Registered Agent

Name Jenks, Richard
Street Address (P.O. Box Number is Not Acceptable) 21 S. 2nd St.
City Haines City FL Zip Code 33844

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 _____ 4/26/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Richard Jenks

Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WINCHESTER, JUDY 218 CREST DRIVE HAINES CITY, FL 33844	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Connie Coryer 208 E. Cypress St. Davenport, FL 33844	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T STEWART, CHARLES 1851 PENINSULAR DR. HAINES CITY, FL 33844	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Deal, Gregory 312 W. Graham Park Dr. Haines City, FL 33844	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FLOWERS, MERCEDES 706 CHURCH AVE. HAINES CITY, FL 33844	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Weed, Julie 1701 Commerce Ave Lot 63 Haines City, FL 33844	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KOCH, ART P.O. BOX 472 HAINES CITY, FL 33844	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Williams, Charles 215 S. 1st St. Haines City, FL 33844	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TOM, BROADWAY 24 NOTTHINHAM WAY HAINES CITY, FL 33844	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Arntz, Judith 1952 Southern Dunes Blvd. Haines City, FL 33844	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LYON, HARRY 3208 FAIRMONT PL. HAINES CITY, FL 33844	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Mullison, Jim 147 Glen Este Blvd Haines City, FL 33844	☐ Change ☒ Addition

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: Charles Williams 4/26/05 863-422-1752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Charles Williams