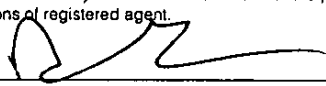
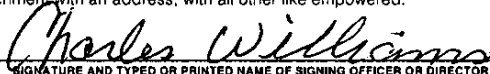


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90279 006 ****61.25

DOCUMENT # N93000003079 1. Entity Name FIRST UNITED METHODIST CHURCH OF HAINES CITY, FLA., INC.					
Principal Place of Business 21 S. SECOND ST. HAINES CITY, FL 33844			Mailing Address 21 S. SECOND ST. HAINES CITY, FL 33844		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		14010795  02082005 Chg-NP CR2E037 (10/03)	
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				4/26/05	
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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				4/26/05	
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		863-422-1752	
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	863-422-1752	
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

Charles Williams