


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90069 031 ****61.25

DOCUMENT # N94000000873			
1. Entity Name THE FIRST UNITED METHODIST CHURCH OF CALLAHAN, INC.			
Principal Place of Business HIGHWAY 301 & BOOTH STREET CALLAHAN, FL 32011		Mailing Address PO BOX 157 CALLAHAN, FL 32011 US	
2. Principal Place of Business 449648 U.S. Hwy 301 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State CALLAHAN, FL		City & State	
Zip 32011	Country	Zip	Country
6. Name and Address of Current Registered Agent WILLIAMS, THOMAS S. 54083 VONTZ CIR CALLAHAN, FL 32011-0157		7. Name and Address of New Registered Agent Name GURLEY, HOYT Street Address (P.O. Box Number is Not Acceptable) 35559 GLORY RD City CALLAHAN FL Zip Code 32011	
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: <i>Hoyt L. Gurley</i> HOYT GURLEY 4/7/2004 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 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 NAME STREET ADDRESS CITY-ST-ZIP	D SHAW, DOROTHY 2087 MICKELER ST. CALLAHAN, FL 32011 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAW, DOROTHY 45163 MICKELER ST. CALLAHAN, FL 32011 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SLOAN, MARVIN 1982 COOK DRIVE CALLAHAN, FL 320110157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SLOAN, MARVIN 55372 COOK DRIVE CALLAHAN FL 32011 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GURLEY, HOYT 6475 IRVIN AVE CALLAHAN, FL 32011 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HASKETT, DAVID S. 33275 WOODS LANE / POB 1056 CALLAHAN, FL 32011-1056 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TANNER, BERTIE 1756 CIRCLE DRIVE CALLAHAN, FL 32011 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TANNER, BERTIE 45434 CIRCLE DR CALLAHAN, FL 32011 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NORTH, HOWARD 5153 PLANTATION DR. CALLAHAN, FL 32011 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NORTH, HOWARD 43365 FREEDOM DR CALLAHAN, FL 32011 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASS, KEN 4551 RATLIFF ROAD CALLAHAN, FL 32011 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASS, KEN 43663 RATLIFF RD CALLAHAN, FL 32011 <input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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: <i>David S. Haskett</i> DAVID S. HASKETT 4/7/2004 904-879-1034 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #			