2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State
02-16-2004 90039 045 ****61.25

DOCUMENT # N94000002244

1. Entity Name
FIRST UNITED METHODIST CHURCH OF PACE, INC.

Principal Place of Business	Mailing Address
4540 CHUMUCKLA HWY PACE, FL 32571	4540 CHUMUCKLA HWY PACE, FL 32571

02052004 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 59-6561232 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WEBB, JOHN F 4530 CHUMUCKLA HWY PACE, FL 32571	Name Street Address (P.O. Box Number Is Not Acceptable) City **FL** Zip Code

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

Filing Fee is $61.25
Due by May 1, 2004

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	D SANDERS, KEITH 5025 FOREST CREEK DR. PACE, FL 32571	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C Roy Roberts 9157 Stillbridge Ln Pensacola, FL 32514	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HURD, PATTI 4770 TIMBERLAND DR PACE, FL 32571	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ken Sharp 3437 Ashmore Ln Pace, FL 32571	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRANDT, SHARON 4829 ALEFF ROAD MILTON, FL 32571	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Larry Cribbs 5965 Wyndi Way Pace, FL 32571	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ABBOTT, DAMON 4480 NORA AVE PACE, FL 32571	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COOK, ROXY 4607 CHUNUCKLA HWY PACE, FL 32571	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COOKE, BILL 4680 CHUMUCKDA HWY MILTON, FL 32571	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Gail Roberts S Gail Roberts 2-5-04 850-994-5608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #