

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005774

FILED
Jan 05, 2005
Secretary of State

Entity Name: FIRST UNITED METHODIST CHURCH OF DUNNELLON, INC.

Current Principal Place of Business:

21501 WEST HWY 40
DUNNELLON, FL 34431

New Principal Place of Business:

Current Mailing Address:

21501 WEST HWY 40
DUNNELLON, FL 34431

New Mailing Address:

FEI Number: 59-1225865

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FULFORD, JOSEPH EDWARD
9827 SW 201ST CT
DUNNELLON, FL 34431 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: HOBBS, ELAINE
Address: 10980 SW 210 AVE
City-St-Zip: DUNNELLON, FL 344316442

Title: CD () Delete
Name: BARKER, BOBBI
Address: 9860 SW 206 CIRCLE
City-St-Zip: DUNNELLON, FL 344315837

Title: CTD () Delete
Name: WRIGHT, RON
Address: P.O. BOX 3357
City-St-Zip: DUNNELLON, FL 344303357

Title: PD () Delete
Name: WOOD, ROBERT
Address: 12115 PALMETTO WAY
City-St-Zip: DUNNELLON, FL 344326019

Title: T () Delete
Name: DINKINS, C A III
Address: 11907 NO. WILLIAMS ST.
City-St-Zip: DUNNELLON, FL 34432

Title: M () Delete
Name: FULFORD, EDWARD THE REV
Address: 9827 SW 201ST CT
City-St-Zip: DUNNELLON, FL 34431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CD (X) Change () Addition
Name: PURVIS, PATTI
Address: 9350 SW 219 COURT
City-St-Zip: DUNNELLON, FL 34431

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: WOODSTUFF, SHERRI
Address: 21410 PALATKA DRIVE
City-St-Zip: DUNNELLON, FL 34431

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELAINE HOBBS

CD

01/05/2005

Electronic Signature of Signing Officer or Director

Date