

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90977 006 ****61.25

DOCUMENT # N95000002573 1. Entity Name FIRST UNITED METHODIST CHURCH OF MAYO, INC.					
Principal Place of Business MAYO FIRST U M CHURCH P O BOX 433 MAYO, FL 32066			Mailing Address MAYO FIRST U M CHURCH P O BOX 433 MAYO, FL 32066		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03252005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-2166635				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCMILLAN, LEENETTE W CORNER OF CRAWFORD AND MONROE ST MAYO, FL 32066			7. Name and Address of New Registered Agent Name <u>Dennis L. Nabholz</u> Street Address (P.O. Box Number is Not Acceptable) <u>16562 198th Trace</u> City <u>O'Brien</u> FL Zip Code <u>32071</u>		
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 <u>Dennis L. Nabholz</u> <u>Dennis L. Nabholz</u> <u>4-27-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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 HART, JEAN RT #3 HWY #27 MAYO, FL 32066	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	C MCMILLAN, WILLIAM R RT 3, BOX 78 MAYO, FL 32066	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D BROWN, RICHARD 12485 RD 349 LIVE OAK, FL 32060	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D BARRINGTON, JIMMY PO BOX 424 MAYO, FL 32066	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D RONYON, LOUISE 173 NW POLK PATH MAYO, FL 32066	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D DARBY, CHARLES RT # 1 BOX 578 BRANFORD, FL 32008	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<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 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: <u>William R. McMillan</u> <u>William R. McMillan</u> <u>4-28-05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					