


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000000375 1. Entity Name WACISSA UNITED METHODIST CHURCH, INC.	
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Principal Place of Business POST OFFICE BOX 411 WACISSA, FL 32361	Mailing Address POST OFFICE BOX 411 WACISSA, FL 32361
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DO NOT WRITE IN THIS SPACE



05032004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2926850	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WALKER, BUTLER RT 3 BOX 58 N/A MONTICELLO, FL 32344	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SNIPES, GARY P O BOX 366 N/A WACISSA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WALKER, BUTLER RT 3 BOX 58 N/A MONTICELLO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MALOY, BETSY 380 HENRY STREET MONTICELLO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOLAND, BARBARA RT 1 BOX 82-B N/A LAMONT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

1000000161719
05/28/04-80001-017 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Barbara M. Boland Barbara M. Boland 05/27/04 (850) 487-9286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #