

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90015 014 ****61.25

DOCUMENT # N96000003842

1. Entity Name

FLORAHOME UNITED METHODIST CHURCH, INC.



Principal Place of Business

CORAL FARMS RD., AND MICHIGAN ST
FLORAHOME FL 32140
US

Mailing Address

P.O. BOX 238
FLORAHOME FL 32140
US

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

59-2504356

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

MARY D. MILLER
102 SUWANNE DR

FLORAHOME FL 32140

Name

Street Address (P.O. Box Number is Not Accepted)

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

Mary D. Miller

Mary D. Miller

2/12/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: 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	P DACASTO, DAVID	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	PO BOX 58	
CITY-ST-ZIP	GRANDIN FL 32138	
TITLE NAME	T HUNTER, CHARLES	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	119 INDIAN TRL	
CITY-ST-ZIP	FLORAHOME FL 32140	
TITLE NAME	T WADE, NANCY	<input type="checkbox"/> Delete
STREET ADDRESS	100 KEYSTONE DR	
CITY-ST-ZIP	FLORAHOME FL 32140	
TITLE NAME	T MILLER, MARY	<input type="checkbox"/> Delete
STREET ADDRESS	102 SUWANEE DR	
CITY-ST-ZIP	FLORAHOME FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	ALICE PEACOCK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	PO Box 28	
CITY-ST-ZIP	Florahome FL 32140	
TITLE NAME	Bill Peacock	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	PO box 28	
CITY-ST-ZIP	Florahome FL 32140	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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:

Nancy M Wade

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/04

Date

(386) 659-2183

Daytime Phone #