

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2005 8:00 am
Secretary of State

08-03-2005 90063 005 ****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**

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07202005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2504356	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

**MARY D. MILLER
102 SUWANNE DR
FLORAHOME, FL 32140**

**DO NOT WRITE
IN THIS SPACE**

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 DATE 7/31/05
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 September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

7/27/05

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEACOCK, ALICE PO BOX 28 FLORAHOME, FL 32140 <i>CHARLES ARONSON 4850 M Lake Rd Keystone Hgts, FL 32656</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEACOCK, BILL PO BOX 28 FLORAHOME, FL 32140 <i>Sue A Wooten 7218 Spanish Trail Keystone Hgts, FL 32656</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WADE, NANCY 100 KEYSTONE DR FLORAHOME, FL 32140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLER, MARY 102 SUWANNEE DR FLORAHOME, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/05 352-473-7796
Date Daytime Phone #