

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

**FILED**  
**Jan 15, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000003952**

1. Entity Name  
**PIERSON UNITED METHODIST CHURCH, INC.**



Principal Place of Business  
**136 W 2ND ST  
PIERSON, FL 32180**

Mailing Address  
**P O BOX 38  
PIERSON, FL 32180 US**



01122004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2173440**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**BOEHM, J RICHARD  
435 SO RIDGEWOOD AVE  
DAYTONA BEACH, FL 32122**

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T  
RODRIGUEZ, WILLIAM D  
136 W 2ND ST  
PIERSON, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T  
MARTIN, JOHN W SR  
136 W 2ND ST  
PIERSON, FL 32180**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T  
BULLARD, THOMAS H  
136 W 2ND ST  
PIERSON, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T  
SOWELL, JIMMIE  
136 W 2ND ST  
PIERSON, FL 32180**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T  
HAGSTROM, LOU ELLEN  
225 E TURNER ROAD  
PIERSON, FL 32180**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1000000005769  
01/16/04-80003-021 61.25

**DO NOT WRITE  
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)(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 \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Richard Hagstrom*  
**RICHARD HAGSTROM - TREASURER - 1-12-04**

1-386-749-2521