

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2005 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2173440

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

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

Name

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$81.25
Due By May 1, 2005

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

T ☐ Delete
NAME RODRIQUEZ, WILLIAM D
STREET ADDRESS 136 W 2ND ST
CITY- ST- ZIP PIERSON FL

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
000000243544
02/25/05-80045-015 61.25

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

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #