

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2004
Secretary of State**

DOCUMENT# N97000002281

Entity Name: CANAL POINT UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

37050 2ND STREET
CANAL POINT, FL 33438

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 326
CANAL POINT, FL 33438

New Mailing Address:

FEI Number: 59-2361524 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEARS, WAYNE
37030 2ND STREET
CANAL POINT, FL 33438 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MAXWELL, ROBERT
Address: 12660 EVERGLADES AVE
City-St-Zip: CANAL POINT, FL 33438

Title: DS () Delete
Name: WAGNER, DENNIS E
Address: 37028 3RD STREET
City-St-Zip: CANAL POINT, FL 33438

Title: DT () Delete
Name: BLACKWELL, EUSTIS
Address: 37030 3RD STREET
City-St-Zip: CANAL POINT, FL 33438

Title: P () Delete
Name: SEARS, WAYNE
Address: 37030 2ND STREET
City-St-Zip: CANAL POINT, FL 33438

Title: V () Delete
Name: ADAMS, FRANCES E
Address: 1616 E. MAIN ST.
City-St-Zip: PAHOKEE, FL 33476

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE SEARS

P

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date