

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

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90013 028 ****70.00

DOCUMENT # N97000002766

1. Entity Name

TUSTENUGGEE UNITED METHODIST CHURCH, INC.



Principal Place of Business

**1717 SW MCCLINTON RD
FT. WHITE FL 32038**

Mailing Address

**PO BOX 773
FORT WHITE FL 32038-0773**

94039873



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2364879

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NIBLACK, JOEL S
7667 SW US HIGHWAY 27
FT. WHITE FL 32038**

7. Name and Address of New Registered Agent

Name **YOUNG, FREDERICK A.**

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

~~RT 2, Box 40270 SE. STARDUST PL~~

425 SE Stardust Place

City **LAKE CITY**

FL **32024**

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

Frederick A. Young

Signature, typed or printed name of registered agent and file 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

TITLE **D** ☐ Delete
NAME **BUSSEY, GARY S**
STREET ADDRESS **532 SW BUSSEY GLN**
CITY-ST-ZIP **FT WHITE FL 32038**

TITLE **D** ☐ Delete
NAME **MOSELEY, HARRY**
STREET ADDRESS **PO BOX 1321**
CITY-ST-ZIP **FT WHITE FL 32038**

TITLE **D** ☐ Delete
NAME **BUSSEY, CARLTON**
STREET ADDRESS **P O BOX 2695**
CITY-ST-ZIP **HIGH SPRINGS FL 32643**

TITLE **D** ☒ Delete
NAME **YOUNG, FREDERICK A**
STREET ADDRESS **RT2, BOX 40270 SE. STARDUST PL.**
CITY-ST-ZIP **LAKE CITY FL 32024-7435**

TITLE **D** ☐ Delete
NAME **BREYER, ROBERT J.**
STREET ADDRESS **RT 3, BOX 27630**
CITY-ST-ZIP **LAKE CITY FL 32025**

TITLE **D** ☒ Delete
NAME **NIBLACK, JOEL S**
STREET ADDRESS **PO BOX 206**
CITY-ST-ZIP **FORT WHITE FL 32038-0206**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10:

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

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

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

TITLE **D** ☒ Change ☐ Addition
NAME **Barbara McCleary**
STREET ADDRESS **148 S.W. MEMORIAL DR.**
CITY-ST-ZIP **Fr. white, FL 32038**

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

TITLE **D** ☒ Change ☐ Addition
NAME **Ray Carpenter**
STREET ADDRESS **409 S.W. Buffalo Ct.**
CITY-ST-ZIP **Fr. white, FL 32038**

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: *Barbara McCleary* **Barbara McCleary**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

386
March 8'04 **497-1583**

Date

Daytime Phone #