

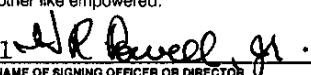


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90251 032 ****61.25

DOCUMENT # N97000003000					
1. Entity Name THE MONTICELLO FIRST UNITED METHODIST CHURCH, INC.					
Principal Place of Business 325 WEST WALNUT ST. P.O. BOX 307 MONTICELLO, FL 32345			Mailing Address 325 WEST WALNUT ST. P.O. BOX 307 MONTICELLO, FL 32345		
2. Principal Place of Business		3. Mailing Address		50041612 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03012005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 59-1021585	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BUCKINGHAM BIRD, T 220 S. CHERRY ST MONTICELLO, FL 32345				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution, P.O. <input type="checkbox"/>		\$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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C POWELL, H RUDLOPH 1399 SILVER MOON DR TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SEALEY, JOYCE 1385 WILLOW ST MONTICELLO, FL 32344	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MESSER, ELIZABETH P.O. BOX 135 MONTICELLO, FL 32345	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MOON, WILLIAM 970 E PEARL ST MONTICELLO, FL 32344	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WHITTY, NANCY 1567 SPRING HOLLOW DR MONTICELLO, FL 32344	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BELCHER, GARY 5240 ASHVILLE HWY MONTICELLO, FL 32344	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: H. Rudolph Powell 				Date 04/18/05 850-997-5545	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	