

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

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90034 036 ****61.25

DOCUMENT # N97000003204

1. Entity Name

FIRST UNITED METHODIST PRE-SCHOOL, INC.



Principal Place of Business

1500 SOUTH KANNER HIGHWAY
STUART FL 34996

Mailing Address

P.O. BOX 539
STUART FL 34995

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0714099

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FARROW, SUE
1500 SOUTH KANNER HIGHWAY
STUART FL 34996

7. Name and Address of New Registered Agent

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 \$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 ☐ Delete
NAME D
MERRILL, DAVID
STREET ADDRESS 373 SW NATIVITY TERR
CITY-ST-ZIP PORT SAINT LUCIE FL 34984

TITLE ☐ Delete
NAME S
MOORE, LAURIE
STREET ADDRESS 5505 SE MARTIN AVE
CITY-ST-ZIP STUART FL 34997

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
BLOUNT, DEE
STREET ADDRESS 1360 SANDPIPER LN
CITY-ST-ZIP STUART FL 34996

TITLE ☐ Delete
NAME V
GEHRON, CHERYL
STREET ADDRESS 5401 SE MEADOW SPRING
CITY-ST-ZIP STUART FL 34997

TITLE ☐ Delete
NAME P
DALY, FRANK
STREET ADDRESS 5547 SW CORAL TREE LANE
CITY-ST-ZIP PALM CITY FL 34990-8535

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

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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: Sue Farrow (Sue Farrow)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/04
Date

Daytime Phone #