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

Mar 29, 2004 8:00 am Secretary of State DOCUMENT # N97000004332 1. Entity Name 03-29-2004 90039 037 ****61.25 ELOISE UNITED METHODIST CHURCH, INC. Principal Place of Business Mailing Address 1020 SNIVELY AVENUE ELOISE FL 33880 **エエリだみりだり** P O BOX 5538 ELOISE FL 33880 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-2713136 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STANFIELD, JESSIE B Street Address (P.O. Box Number is Not Acceptable) 2720 ALTURAS RD BARTOW FL 33830 City Zin 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 age 3.23-04 SIGNATURE egistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition HATMAKER, TROY NAME NAME 1020 SNIVELY AVENUE STREET ADDRESS STREET ADDRESS ELOISE FL 33880 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE HATMAKER, LEE NAME NAME 1020 SNIVELY AVENUE STREET ADDRESS STREET ADDRESS ELOISE FL 33880 CITY_ST_7IP CITY-ST-7IP Change Delete ☐ Addition TITLE TITLE BURRY, ROBERT NAME NAME 1020 SNIVELY AVENUE STREET ADDRESS STREET ADDRESS ELOISE FL 33880 CITY-ST-ZIP C(TY-ST-7)P Delete Change ☐ Addition TITLE TITLE PETRY All briffond 2835 SOUTH LA DEET Dr. LINDSEY, GRACE NAME NAME 5849 TINDEL PL STREET ADDRESS STREET ADDRESS LAKE WALES FL 93853 CITY-ST-ZIF CITY-ST-ZIP WINTER HAVEN, FL 33880 TITLE ☐ Delete TITLE ☐ Change ☐ Addition BRYANT, BARBARA NAME NAME 1020 SNIVELY AVENUE STREET ADDRESS STREET ADDRESS ELOISE FL 33880 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STANFIELD, JESSIE B NAME NAME 2720 ALTURAS RD. STREET ADDRESS STREET ADDRESS BARTOW FL 33830 CITY-ST-ZIP 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.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED