


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000004332	
1. Entity Name ELOISE UNITED METHODIST CHURCH, INC.	

Principal Place of Business 1020 SNIVELY AVENUE ELOISE FL 33880	Mailing Address P O BOX 5538 ELOISE FL 33880 US
---	---

2. Principal Place of Business SAME	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country
Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 59-2713136	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STANFIELD, JESSIE B 2720 ALTURAS RD BARTOW FL 33830	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 JESSIE B. STANFIELD (Signature, typed or printed name of registered agent and title if applicable)
Jessie B. Stanfield (Note: Registered Agent signature required when reinstating)
 DATE 2-21-05

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <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																								
<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HATMAKER, TROY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1020 SNIVELY AVENUE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ELOISE FL 33880</td> <td></td> </tr> </table>	TITLE	D	<input type="checkbox"/> Delete	NAME	HATMAKER, TROY		STREET ADDRESS	1020 SNIVELY AVENUE		CITY - ST - ZIP	ELOISE FL 33880		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>UN0000242259</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>02/24/05-80080-017</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>61.25</td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	UN0000242259		STREET ADDRESS	02/24/05-80080-017		CITY - ST - ZIP	61.25	
TITLE	D	<input type="checkbox"/> Delete																							
NAME	HATMAKER, TROY																								
STREET ADDRESS	1020 SNIVELY AVENUE																								
CITY - ST - ZIP	ELOISE FL 33880																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME	UN0000242259																								
STREET ADDRESS	02/24/05-80080-017																								
CITY - ST - ZIP	61.25																								
<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HATMAKER, LEE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1020 SNIVELY AVENUE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ELOISE FL 33880</td> <td></td> </tr> </table>	TITLE	D	<input type="checkbox"/> Delete	NAME	HATMAKER, LEE		STREET ADDRESS	1020 SNIVELY AVENUE		CITY - ST - ZIP	ELOISE FL 33880		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete																							
NAME	HATMAKER, LEE																								
STREET ADDRESS	1020 SNIVELY AVENUE																								
CITY - ST - ZIP	ELOISE FL 33880																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY - ST - ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BURRY, ROBERT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1020 SNIVELY AVENUE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ELOISE FL 33880</td> <td></td> </tr> </table>	TITLE	D	<input type="checkbox"/> Delete	NAME	BURRY, ROBERT		STREET ADDRESS	1020 SNIVELY AVENUE		CITY - ST - ZIP	ELOISE FL 33880		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete																							
NAME	BURRY, ROBERT																								
STREET ADDRESS	1020 SNIVELY AVENUE																								
CITY - ST - ZIP	ELOISE FL 33880																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY - ST - ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ALLBRITTON, PERRY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2835 SOUTH L.K. DEER DR.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>WINTER HAVEN FL 33880</td> <td></td> </tr> </table>	TITLE	D	<input type="checkbox"/> Delete	NAME	ALLBRITTON, PERRY		STREET ADDRESS	2835 SOUTH L.K. DEER DR.		CITY - ST - ZIP	WINTER HAVEN FL 33880		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete																							
NAME	ALLBRITTON, PERRY																								
STREET ADDRESS	2835 SOUTH L.K. DEER DR.																								
CITY - ST - ZIP	WINTER HAVEN FL 33880																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY - ST - ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BRYANT, BARBARA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1020 SNIVELY AVENUE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ELOISE FL 33880</td> <td></td> </tr> </table>	TITLE	D	<input type="checkbox"/> Delete	NAME	BRYANT, BARBARA		STREET ADDRESS	1020 SNIVELY AVENUE		CITY - ST - ZIP	ELOISE FL 33880		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete																							
NAME	BRYANT, BARBARA																								
STREET ADDRESS	1020 SNIVELY AVENUE																								
CITY - ST - ZIP	ELOISE FL 33880																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY - ST - ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>STANFIELD, JESSIE B</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2720 ALTURAS RD.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>BARTOW FL 33830</td> <td></td> </tr> </table>	TITLE	D	<input type="checkbox"/> Delete	NAME	STANFIELD, JESSIE B		STREET ADDRESS	2720 ALTURAS RD.		CITY - ST - ZIP	BARTOW FL 33830		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete																							
NAME	STANFIELD, JESSIE B																								
STREET ADDRESS	2720 ALTURAS RD.																								
CITY - ST - ZIP	BARTOW FL 33830																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
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)(f), 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: JESSIE B. STANFIELD *Jessie B. Stanfield* 2-21-05 863-537-9167
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #