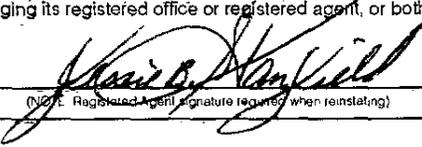
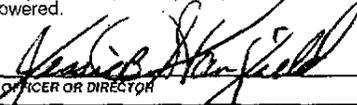


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

**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		4. FEI Number 59-2713136	
Zip		Zip		Applied For Not Applicable	
Country		Country		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				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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				DATE 2-21-05	
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, 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		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	UN0000242259	
NAME	HATMAKER, TROY	NAME	02/24/05-80080-017 61.25		
STREET ADDRESS	1020 SNIVELY AVENUE	STREET ADDRESS			
CITY-ST-ZIP	ELOISE FL 33880	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HATMAKER, LEE	NAME			
STREET ADDRESS	1020 SNIVELY AVENUE	STREET ADDRESS			
CITY-ST-ZIP	ELOISE FL 33880	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BURRY, ROBERT	NAME			
STREET ADDRESS	1020 SNIVELY AVENUE	STREET ADDRESS			
CITY-ST-ZIP	ELOISE FL 33880	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALLBRITTON, PERRY	NAME			
STREET ADDRESS	2835 SOUTH L.K. DEER DR.	STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL 33880	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRYANT, BARBARA	NAME			
STREET ADDRESS	1020 SNIVELY AVENUE	STREET ADDRESS			
CITY-ST-ZIP	ELOISE FL 33880	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STANFIELD, JESSIE B	NAME			
STREET ADDRESS	2720 ALTURAS RD.	STREET ADDRESS			
CITY-ST-ZIP	BARTOW FL 33830	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				DATE 2-21-05 2863-537-9167	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	