

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

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90321 026 \*\*\*\*61.25

**DOCUMENT # N97000004805**

1. Entity Name

**CARRABELLE UNITED METHODIST CHURCH, INC.**



Principal Place of Business

**301 TALLAHASSEE ST  
CARRABELLE FL 32322**

Mailing Address

**P O DRAWER C  
CARRABELLE FL 32322**

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

**59-2433388**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STANDRIDGE, ANDREW  
209 FIRST ST E  
P. O. DRAWER C  
CARRABELLE FL 32322**

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

*Andrew Standridge* *Andrew Standridge* *04/07/04*

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 **P** ☐ Delete  
NAME **FRANKLIN, ROBERT**  
STREET ADDRESS **PO BOX 1382**  
CITY-ST-ZIP **LANARK VILLAGE FL 32323**

TITLE **VP** ☐ Delete  
NAME **DAVIS, DON**  
STREET ADDRESS **411 RIVER ROAD**  
CITY-ST-ZIP **CARRABELLE FL 32322**

TITLE **D** ☐ Delete  
NAME **PRENTICE, CRUM**  
STREET ADDRESS **PO BOX 423**  
CITY-ST-ZIP **CARRABELLE FL 32322**

TITLE **T** ☐ Delete  
NAME **ROSIER, DAN**  
STREET ADDRESS **127 LARRY DRIVE**  
CITY-ST-ZIP **CARRABELLE FL 32322**

TITLE **D** ☒ Delete  
NAME **FISH, DOROTHY**  
STREET ADDRESS **PO BOX 702**  
CITY-ST-ZIP **CARRABELLE FL 32322**

TITLE **D** ☐ Delete  
NAME **PILGER, KURT**  
STREET ADDRESS **1764 LIGHTHOUSE ROAD**  
CITY-ST-ZIP **CARRABELLE FL 32322**

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☒ Addition  
NAME **D CATHERINE MOCK**  
STREET ADDRESS **PO BOX 56**  
CITY-ST-ZIP **CARRABELLE FL 32322**

TITLE ☐ Change ☐ 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)(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:

*Drew Standridge*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*04/07/04 (855) 558-2245*

Date

Daytime Phone #