


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

04-12-2004 90331 020 \*\*\*\*61.25

DOCUMENT # N97000006147 1. Entity Name COMMUNITY UNITED METHODIST CHURCH OF LAKE COMO, INC.	
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Principal Place of Business 126 HIGHLAND AVE LAKE COMO, FL 32157	Mailing Address PO BOX 330 LAKE COMO, FL 32157-0330
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03052004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3248364	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  KNOPP, VIRGLE PO BOX 788 437 LAKE COMO DR LAKE COMO, FL 32157
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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 <u>VIRGLE KNOPP Virgle Knopp</u> <u>Chairperson Trustee</u> <u>4/2/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLORIO, CHRIS PO BOX 193 LAKE COMO, FL 321570193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNOPP, VIRGLE PO BOX 188 LAKE COMO, FL 32157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAMS, RUBY RT 1, BOX 552 CRESCENT CITY, FL 32112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TAYLOR, RUTH PO BOX 433 LAKE COMO, FL 321570433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREER, VERNON P O BOX 216 LAKE COMO, FL 321570216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STACK, DANNY PO BOX 54 LAKE COMO, FL 321570054

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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: <u>VIRGLE KNOPP</u> <u>Virgle Knopp</u> <u>4/2/04</u> <u>386-649-8419</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>