AMENDED

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

04-19-2005 90391 014 ****61.25
N97000006147

FILED
05 MAY -4 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000006147

1. Entity Name

COMMUNITY UNITED METHODIST CHURCH OF LAKE COMO, INC.

1st MOORE CR2E037 (10/04)

Principal Place of Business	Mailing Address
126 HIGHLAND AVE LAKE COMO FL 32157	PO BOX 330 LAKE COMO FL 32157-0330

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 59-3248364 ☐ 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
KNOPP, VIRGLE PO BOX 788 437 LAKE COMO DR LAKE COMO FL 32157	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW. FEE IS $61.25. Due By May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLORIO, CHRIS PO BOX 193 LAKE COMO FL 32157-0193	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KNOPP, VIRGLE PO BOX 188 LAKE COMO FL 32157	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WILLIAMS, RUBY RT 1, BOX 552 CRESCENT CITY FL 32112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TAYLOR, RUTH PO BOX 433 LAKE COMO FL 32157-0433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	$35/4	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREER, VERNON P O BOX 216 LAKE COMO FL 32157-0216	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ben Sterner 120 Florence Street Pomona Park, FL. 32181	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STACK, DANNY PO BOX 54 LAKE COMO FL 32157-0054	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Virgle C. Knopp Virgle C. Knopp 4/14/05 649-8419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #