


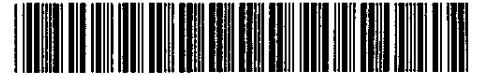
2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90513 027 ****61.25

DOCUMENT # N97000007209			
1. Entity Name YULEE UNITED METHODIST CHURCH, INC.			
Principal Place of Business 2664 SR 200 YULEE FL 32097		Mailing Address PO BOX 127 YULEE FL 32041	
2. Principal Place of Business 8003 CHRISTIAN WAY Suite, Apt. #, etc.		3. Mailing Address PO Box 127 Suite, Apt. #, etc.	
City & State YULEE FL		City & State YULEE FL	
Zip 32097	Country USA	Zip 32041	Country USA

04040424



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent COLE, THOMAS 3643 OLD NISSANVILLE RD FERNANDINA BEACH FL 32034				7. Name and Address of New Registered Agent Name: JOSEPH L. GRAVES Street Address (P.O. Box Number is Not Acceptable): 64 OAK GROVE PLACE City: FERNANDINA BEACH FL Zip Code: 32034			
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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. Joseph L. Graves, President

SIGNATURE: Joseph L. Graves DATE: 4/20/04

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, 2004	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: COLE, THOMAS L STREET ADDRESS: 13643 OLD NASSAVILLE RD CITY-ST-ZIP: FERNANDINA BEACH FL 32034	<input type="checkbox"/> Delete	TITLE: T NAME: COLE, THOMAS L. STREET ADDRESS: 13643 OLD NASSAVILLE RD CITY-ST-ZIP: FERNANDINA BEACH FL 32034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: GRAVES, JOE STREET ADDRESS: 64 OAK GROVE PL CITY-ST-ZIP: FERNANDINA BEACH FL 32034	<input type="checkbox"/> Delete	TITLE: VP NAME: GRAVES JOE STREET ADDRESS: 64 OAK GROVE PL CITY-ST-ZIP: FERNANDINA BEACH FL 32034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ST NAME: GRIERS, JERRY STREET ADDRESS: 3691 PARLIMENT DR CITY-ST-ZIP: FERNANDINA BEACH FL 32034	<input checked="" type="checkbox"/> Delete	TITLE: VP NAME: JONES, LINDA STREET ADDRESS: 1890 WEST STATE RD. 200 CITY-ST-ZIP: CALLAHAN FL 32011	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: T NAME: TOWNS, ED STREET ADDRESS: 1342 NASSAVILLE RD CITY-ST-ZIP: FERNANDINA BEACH FL 32034	<input type="checkbox"/> Delete	TITLE: S/T NAME: TOWNS, ED STREET ADDRESS: 1342 NASSAVILLE RD CITY-ST-ZIP: FERNANDINA BEACH FL 32034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: MCDONALD, EDNA STREET ADDRESS: 3385 LEO DR CITY-ST-ZIP: FERNANDINA BEACH FL 32034	<input type="checkbox"/> Delete	TITLE: T NAME: MCDONALD, EDINA STREET ADDRESS: 3385 LEO DR CITY-ST-ZIP: FERNANDINA BEACH FL 32034	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: WARREN, HENRY STREET ADDRESS: PO BOX 1265 CITY-ST-ZIP: YULEE FL 32097	<input type="checkbox"/> Delete	TITLE: T NAME: WARREN, HENRY STREET ADDRESS: PO BOX 1265 CITY-ST-ZIP: YULEE, FL 32097	<input type="checkbox"/> Change <input type="checkbox"/> 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: Joseph L. Graves DATE: 4/20/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #