


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 88003 CHRISTIAN WAY		3. Mailing Address PO Box 127	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State YULEE FL		City & State YULEE FL	
Zip 32097	Country USA	Zip 32041	Country USA
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	
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 <i>Joseph L. Graves</i> DATE 4/20/04 (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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLE, THOMAS L 13643 OLD NASSAVILLE RD FERNANDINA BEACH FL 32034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLE, THOMAS L. 13643 OLD NASSAVILLE RD FERNANDINA BEACH FL 32034 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRAVES, JOE 64 OAK GROVE PL FERNANDINA BEACH FL 32034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRAVES JOE 64 OAK GROVE PL FERNANDINA BEACH FL 32034 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GRIERS, JERRY 3691 PARLIMENT DR FERNANDINA BEACH FL 32034 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JONES, LINDA 1890 WEST STATE RD. 200 CALLAHAN FL 32011 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TOWNS, ED 1342 NASSAVILLE RD FERNANDINA BEACH FL 32034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T TOWNS, ED 1342 NASSAVILLE RD FERNANDINA BEACH FL 32034 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCDONALD, EDNA 3385 LEO DR FERNANDINA BEACH FL 32034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCDONALD, EDNA 3385 LEO DR FERNANDINA BEACH FL 32034 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WARREN, HENRY PO BOX 1265 YULEE FL 32097 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WARREN, HENRY PO BOX 1265 YULEE, FL 32097 <input type="checkbox"/> Change <input type="checkbox"/> Addition

04040424



MOORE CR2E037 (11/03)

4. FEI Number **59-2066567** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04
Date

Daytime Phone #