


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

FILED
Jan 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000000582 1. Entity Name BRANFORD UNITED METHODIST CHURCH, INC.	
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Principal Place of Business 405 NW EXPRESS ST BRANFORD, FL 32008	Mailing Address P.O. BOX 858 BRANFORD, FL 32008
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01112004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2650031	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MCGRANER, SAM 405 NW EXPRESS ST BRANFORD, FL
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	DM MCCOY, DAVID 4194 280TH TERRACE BRANFORD, FL 32008
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT SYKES, BILL PO BOX 805 BRANFORD, FL 32008
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWN, JEAN PO BOX 847 BRANFORD, FL 32008
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARKS, GEORGE 6760 NW 10TH AVENUE BELL, FL 32619
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MCGRANER, SAM P.O. BOX 1117 (NA) BRANFORD, FL 32008
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SMITH, MARY P.O. BOX 24 (NA) O'BRIEN, FL 32071

**DO NOT WRITE
IN THIS SPACE**

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 517, 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: David N. McCoy **1-21-04** **386-935-4117**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #