

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000000582

1. Entity Name
BRANFORD UNITED METHODIST CHURCH, INC.



Principal Place of Business
**405 NW EXPRESS ST
BRANFORD, FL 32008**

Mailing Address
**P.O. BOX 858
BRANFORD, FL 32008**



07282005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2650031

Applied for
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCGRANER, SAM
405 NW EXPRESS ST
BRANFORD, FL**

**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's signature required when no relationship)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

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08/25/05-80004-007 61.25

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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 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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #