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

Feb 17, 2004 8:00 am **Secretary of State** DOCUMENT # N98000003804 02-17-2004 90001 001 ****61.25 ALLEN MEMORIAL UNITED METHODIST CHURCH, INC. Principal Place of Business Mailing Address 206 PACE WAY CANTONMENT FL 32533-1228 208 PACE PARKWAY 54006850 **CANTONMENT FL 32533-1228** 2. Principal Place of Business 3. Mailing Address 206 Pare Pherhuay 266 Pace Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-3429897 Cantonment Candonment, FL Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32533 32*5*33 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Carole Pippin Street Address (P.O. Box Number is Not Acceptable) Chartnut Rd. PIPPIN, CAROLE 4479 CHESTNUT RD ORLANDO FL 32817 Zip Code 32577 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. 1 am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Delete TITLE **⊠** Change Addition KELLY, JAMES H Wilson, Pete NAME NAME 4483 CHESTNUT RD 2469 chance Pd. STREET ADDRESS STREET ADORESS MOLINO FL 32577 CITY-ST-ZIP Molino, FL CITY-ST-ZIP 32277 Delete ☐ Change ☐ Addition TITLE TITLE WILSON, PERE NAME Lacy, Brandston NAME 2469 CHANCE RD 1032 Pinetop #4 STREET ADDRESS STREET ADDRESS PENSACOLA FL 32597 CITY-ST-ZIP CITY-ST-ZIE cantonment, FL 32533 TITLE ☐ Delete TITLE ☐ Change ☐ Addition PIPPIN, CAROLE---NAMÉ 4479 CHESTNUT RD STREET ADDRESS STREET ADDRESS MOLINO FL 32577 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition BLEDSOE, ROBERT NAME NAME 311 PARK LAKE STREET ADDRESS STREET ADDRESS CANTONMENT FL 32533 CITY-ST-ZIP CITY-ST-ZIP Delete XX Change ☐ Addition TITLE TITLE SELF, DEBBIE Bledsoe, John NAME NAME 820 PINEY LANE 6241 Hm 97 STREET ADDRESS STREET ADDRESS CANTONMENT FL 32533 Walnut Hill, FL CITY-ST-ZIP 37568 CITY-ST-ZIP ☑ Delete TITLE Change Addition TITLE O'NEILL, BRYAN or Neill, Bryan NAME 4336 PACE LANE 4397 W. Avenida PeGolf STREET ADDRESS STREET ADDRESS MILTON FL 32571 CITY-ST-ZIP CITY-ST-ZIP Puce, FL 32571

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.

Date

Daytime Phone #

SIGNING OFFICER OF DIRECTOR

FILED