

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

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90033 025 ****70.00

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1. Entity Name

FIRST UNITED METHODIST CHURCH OF MACCLENNY, INC.



Principal Place of Business

**93 NO. 5TH ST.
MACCLENNY FL 32063**

Mailing Address

**93 NO. 5TH ST.
MACCLENNY FL 32063**

24008449



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1368858

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COHEN, PAUL
93 NO. 5TH ST.
MACCLENNY FL 32063**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **EASTERDAY, JANET**
STREET ADDRESS **21739 RED MAPLE CIRCLE**
CITY-ST-ZIP **SANDERSON FL 32087**

TITLE ☒ Delete
NAME **DEAN, HESLEY**
STREET ADDRESS **RT.1, 501 DOGWOOD AVE.**
CITY-ST-ZIP **MACCLENNY FL 32063**

TITLE ☒ Delete
NAME **SHEPERD, FRANK**
STREET ADDRESS **RT 2 BOX 2680**
CITY-ST-ZIP **GLEN SAINT MARY FL 32040**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Eugene Nelson**
STREET ADDRESS **4604 Dogwood Ave**
CITY-ST-ZIP **Macclenny, FL 32063**

TITLE ☐ Change ☒ Addition
NAME **Dr. Kyle Brown**
STREET ADDRESS **11818 N. CRP125**
CITY-ST-ZIP **Glen St. Mary, FL 32040**

TITLE ☐ Change ☒ Addition
NAME **Treasurer**
STREET ADDRESS **Alan Harvey**
CITY-ST-ZIP **568 Laverne ST. S**
Macclenny, FL 32063

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *X Alan Harvey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alan Harvey, Treas.

Date

Daytime Phone #

2-2-04 259-3551