
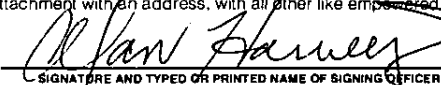


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90051 013 ****70.00

DOCUMENT # N98000006868					
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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1368858	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EASTERDAY, JANET		NAME		
STREET ADDRESS	21739 RED MAPLE CIRCLE		STREET ADDRESS		
CITY - ST - ZIP	SANDERSON, FL 32087		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	NELSON, EUGENE		NAME	Trustee	
STREET ADDRESS	4604 DOGWOOD AVE.		STREET ADDRESS	Jason Wilkerson	
CITY - ST - ZIP	MACCLENNY, FL 32063		CITY - ST - ZIP	P.O. Box 628 20 Martha Dr Maccleddy FL 32063	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROWN, KYLE DR.		NAME		
STREET ADDRESS	11818 N. CR 125		STREET ADDRESS		
CITY - ST - ZIP	GLEN SAINT MARY, FL 32040		CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARVEY, ALAN		NAME		
STREET ADDRESS	568 LAVERUE ST. S.		STREET ADDRESS		
CITY - ST - ZIP	MACCLENNY, FL 32063		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: 		Alan Harvey		1/24/05 904-259-3551	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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01112005 Chg-NP CR2E037 (10/03)