

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

FILED
Feb 13, 2004 8:00 am
Secretary of State

02-13-2004 90002 044 ****61.25

DOCUMENT # N99000003040

1. Entity Name

SPARR UNITED METHODIST CHURCH, INC.



Principal Place of Business

13100 N.E. JACKSONVILLE RD.
SPARR FL 32192

Mailing Address

P.O. BOX 777
SPARR FL 32192

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-3729519

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRAHAM, BETTY
4380 N.E. 24TH COURT
OCALA FL 34479

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 D ☐ Delete
NAME PHILLIPS, ROLLAND Z
STREET ADDRESS 2450 NE 45TH TERRACE
CITY-ST-ZIP SPARR FL 32192

TITLE D ☐ Delete
NAME POWELL, JANE
STREET ADDRESS 10791 NE 220TH ST
CITY-ST-ZIP ORANGE SPRINGS FL 32182

TITLE D ☐ Delete
NAME MCINTYRE, NANCY
STREET ADDRESS 13809 NE JACKSONVILLE RD
CITY-ST-ZIP SPARR FL 32192

TITLE D ☐ Delete
NAME BRADBURY, CAROL
STREET ADDRESS 13151 N.E. 10TH COURT
CITY-ST-ZIP SPARR FL 32192

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
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Betty G. Graham* Betty G. Graham, Treas. 2/9/04 (352) 629-8619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #