


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000005600


1. Entity Name
 PINE LEVEL UNITED METHODIST CHURCH, INC.



Principal Place of Business Mailing Address

9596 NW PINE LEVEL ST.
 ARCADIA, FL 34266 9596 NW PINE LEVEL ST.
 ARCADIA, FL 34266

DO NOT WRITE IN THIS SPACE



01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-6544123	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLLINGSWORTH, V.C. JR.
 7385 NW HWY. 70
 ARCADIA, FL 34266

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1101010178232
 01/13/05-80010-003 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOOPINGARNER, BRIAN
STREET ADDRESS	143 S. OSCEOLA AVE.
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	D
NAME	BEVIS, BILL
STREET ADDRESS	2644 NW TOM MIZELL AVE.
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	D
NAME	HARRISON, DOROTHY
STREET ADDRESS	16 KELLY DR.
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	P
NAME	HOLLINGSWORTH, V. C. JR.
STREET ADDRESS	7385 NW HWY. 70
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	S
NAME	HOLLINGSWORTH, ETHEL
STREET ADDRESS	2163 NW BARROW AVE
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	T
NAME	HOOPINGARNER, LOU
STREET ADDRESS	143 S. OSCEOLA AVE.
CITY-ST-ZIP	ARCADIA, FL 34266

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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: *Lou Hoopingarner* 1/10/05 863 494 0836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #