

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90071 010 ****70.00

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1. Entity Name
COMMUNITY UNITED METHODIST CHURCH OF DEBARY, INC.



Principal Place of Business
**41 WEST Highbanks Rd.
 DEBARY, FL 32713**

Mailing Address
**41 WEST Highbanks Rd.
 DEBARY, FL 32713**

DO NOT WRITE IN THIS SPACE



01172005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1116505	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

~~WILSON, SCOTT~~
~~103 FIRST ST~~
~~DEBARY, FL 32713~~

Evans, Beverly
1555 Chestnut Ave.
Orange City, FL 32763

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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 Beverly Evans Pd **Beverly Evans Pd** 2/28/05
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE

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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, SCOTT 103 FIRST STREET DEBARY, FL 32713	PD Evans, Beverly 1555 Chestnut Ave. Orange City, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EVANS, BEVERLY 1555 CHESTNUT AVE ORANGE CITY, FL 32763	VD Lee, Chuck 17 Paddock Ct. DeBary, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SHORT, NANCY 847 WATERIDGE DR DEBARY, FL 32713	ST Cammarata, Frank 338 Hickory Springs Ct. DeBary, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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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: Beverly Evans Pd **Beverly Evans Pd** 2/28/05 386-668-4805
Signature and typed or printed name of signing officer or director Date Daytime Phone #