

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709350

1. Entity Name

FIRST UNITED METHODIST CHURCH OF PAHOKEE, INC.

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90006 006 ****61.25

Principal Place of Business

Mailing Address

FIRST UNITED METHODIST CHURCH, INC
 491 E MAIN ST
 PAHOKEE FL 33476
 US

INC.
 491 EAST MAIN STREET
 PAHOKEE FL 33476-1811



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1280911

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SASSER, FAITH
 1548 EAST MAIN STREET
 PAHOKEE FL 33476

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.

SIGNATURE Faith Sasser

6/28/00

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

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME LAMPI, ROBERT O
 STREET ADDRESS 2201 SW 28TH ST VILLA #25
 CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE Change Addition
 NAME *Chairman*
 NAME DAVID SIMONSON
 STREET ADDRESS 1081 BACOM POINT ROAD
 CITY-ST-ZIP PAHOKEE, FL 33476

TITLE D Delete
 NAME BAUMGARTNER, STEVE
 STREET ADDRESS 160 HOMEPLACE COURT
 CITY-ST-ZIP PAHOKEE FL 33476

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE S Delete
 NAME MILLS, BARBARA
 STREET ADDRESS 2586 SW 14ST.
 CITY-ST-ZIP PAHOKEE FL 33476

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE S Delete
 NAME NORMAN, JOHN
 STREET ADDRESS POB 501/320 PARKVIEW CT
 CITY-ST-ZIP PAHOKEE FL 33476

TITLE Change Addition
 NAME *DIRECTOR*
 NAME Amy Kelly
 STREET ADDRESS 2176 EAST MAIN ST.
 CITY-ST-ZIP PAHOKEE, FL 33476

TITLE D Delete
 NAME BRANCH, HUGH
 STREET ADDRESS 2801 BACOM POINT ROAD
 CITY-ST-ZIP PAHOKEE FL 33476

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD Delete
 NAME SASSER, FAITH
 STREET ADDRESS 212 N BARFIELD HWY
 CITY-ST-ZIP PAHOKEE, FL 00000 33476

TITLE Change Addition
 NAME *Treasurer / Director*
 NAME Richard P. Kirby
 STREET ADDRESS 809 BACOM POINT ROAD
 CITY-ST-ZIP PAHOKEE, FL 33476

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:

Steve Baumgartner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-28-00

Date

Daytime Phone #

FILED