

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90037 033 \*\*\*\*61.25

**DOCUMENT # 713758**

1. Entity Name

**FIRST UNITED METHODIST CHURCH OF LAKE ALFRED, IN**

Principal Place of Business 220 W HAINES BLVD PO BOX 1227 LAKE ALFRED FL 33850 US	Mailing Address 220 W HAINES BLVD PO BOX 1227 LAKE ALFRED FL 33850-1227 US
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **71-3758631**       Applied For  
 Not Applied

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

**HADDOX, KARYN R**  
**4091 LAKE MARIANNA DRIVE**  
**WINTER HAVEN FL 33881**

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 *Karyn R Haddox*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*1-20-00*

**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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	PT			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Additor
	MCCALL, BOB	6403 LOLLY BAY LOOP N.E.	WINTER HAVEN FL 33881						
	VT			<input checked="" type="checkbox"/> Delete		VT			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor
	SHERRICK, JOHN	555 E. RAINERO STREET	LAKE ALFRED FL 33850			Matt Burkett	665 E. Thelma Street	Lake Alfred, FL 33850	
	ST			<input checked="" type="checkbox"/> Delete		Carol Faulkner-Davis	123 Van Fleet Court	Auburndale, FL 33823	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor
	MCMULLEN, HARRY	66 STRAPHMORE DRIVE	HAINES CITY FL 33844						<input type="checkbox"/> Change <input type="checkbox"/> Additor
	T			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Additor
	JOHNSON, BILL	266 FAIRWAY CIRCLE	WINTER HAVEN FL 33881						
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Additor
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Additor

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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-20-00*

*956-1761*

Date      Daytime Phone #