

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719713

1. Entity Name

THE FIRST FREE METHODIST CHURCH OF THE PALM BEAC

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90117 009 \*\*\*\*61.25

Principal Place of Business

3218 MELALEUCA DRIVE  
W PALM BEACH FL 33406

Mailing Address

3218 MELALEUCA DRIVE  
W PALM BEACH FL 33406-5861

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2277872

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BURGESS, GERALD  
13321 ROLLING GREEN ROAD  
N. PALM BEACH FL 33408

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.

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**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	BURGESS, GERALD	
STREET ADDRESS	13321 ROLLING GREEN ROAD	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	CULP, DAVID	
STREET ADDRESS	4273-121ST TERR., N.	
CITY-ST-ZIP	ROYAL PALM BCH. FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	JUHLIN, DOROTHY	
STREET ADDRESS	211 NORTH C STREET	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, BRYAN	
STREET ADDRESS	4092 126TH DRIVE N.	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	D	<input type="checkbox"/> Delete
NAME	OTIS, MICHAEL	
STREET ADDRESS	1321 AALERMO WAY	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	T	<input type="checkbox"/> Delete
NAME	WEIDENHAMER, GARY	
STREET ADDRESS	1423 W. DURAL ST.	
CITY-ST-ZIP	LANTANA FL 33462	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILEY, DEBBIE
STREET ADDRESS	284 FEATHER POINT NORTH
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, JAKE
STREET ADDRESS	1029 NORTH OAKRIDGE CIRCLE APT D.
CITY-ST-ZIP	LANTANA, FL 33462
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-00

Date

(561) 626 1380

Daytime Phone #

CR2E037 (9/99)