

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2000 8:00 am
Secretary of State

07-07-2000 90403 009 ****61.25

DOCUMENT # 720150

1. Entity Name

FIRST METHODIST CHURCH, INC. OF VALPARAISO, FLOR

Principal Place of Business

Mailing Address

HWY 190 VALPARAISO
 VALPARAISO FL 32580
 US

Hwy 190
 HIGHWAY 96. P.O. BOX 207
 VALPARAISO FL 32580-0207

2. Principal Place of Business

492 Valparaiso Blvd
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 207
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2124400

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

RICHARDSON, TRAVIS L.
 217 DAVIS DR.
 NICEVILLE FL 32578

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME D
 STREET ADDRESS MAIHLES, FRANK
 CITY-ST-ZIP 26 HEMLOCK NW
 FORT WALTON BEACH FL 32548

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME PD
 STREET ADDRESS DIETRICH, LAWSON J
 CITY-ST-ZIP 712 POWELL DRIVE
 NICEVILLE, FL 00000

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D
 STREET ADDRESS RICHARD R. ELLIS
 CITY-ST-ZIP 484 VALPARAISO PKWY
 VALPARAISO FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME VT
 STREET ADDRESS RICHARDSON, GILDA R
 CITY-ST-ZIP 217 DAVIS DRIVE
 NICEVILLE, FL 00000

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

GILDA RICHARDSON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gilda Richardson
 Daytime Phone # 850-678-4429