

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 735787**

1. Entity Name

**FORT CAROLINE UNITED METHODIST CHURCH, INC.**

**FILED**  
**Jan 31, 2000 8:00 am**  
**Secretary of State**

01-31-2000 90022 034 \*\*\*\*61.25

Principal Place of Business 8510 FT CAROLINE ROAD JACKSONVILLE FL 32277-2974 US	Mailing Address 8510 FT CAROLINE ROAD JACKSONVILLE FL 32277-2374 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number **59-1375581**  Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FISHER, HORACE L.**  
**12866 RABBIT RUN LANE**  
**JACKSONVILLE FL 32246**

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 *Horace L. Fisher* (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	ROUH, KENNETH	
STREET ADDRESS	11859 HIDDEN HILLS DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	FISHER, HORACE L.	
STREET ADDRESS	12866 RABBIT RUN LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CRUMP, FAITH	
STREET ADDRESS	3237 TROTTING HORSE PLACE	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	AMIDON, GORDON E JR	
STREET ADDRESS	5054 MARINERS POINT DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KONCHAR, PATRICIA	
STREET ADDRESS	3909 DALRY DR	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	TR	<input type="checkbox"/> Delete
NAME	REDFOOT, FRANK E.	
STREET ADDRESS	5940 COVERED CREEK LANE	
CITY-ST-ZIP	JACKSONVILLE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ring, Marjorie	
STREET ADDRESS	6612 Markin Dr. S.	
CITY-ST-ZIP	Jacksonville, FL 32277	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	White, Houston	
STREET ADDRESS	11026 Harbor Cay Ct.	
CITY-ST-ZIP	Jacksonville, FL 32225	
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Spock, Buck	
STREET ADDRESS	1486 Gately Rd.	
CITY-ST-ZIP	Jacksonville, FL 32225	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Matchett, Stephen	
STREET ADDRESS	3950 Hill Terrace Dr	
CITY-ST-ZIP	Jacksonville, FL 32277	
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: *Horace L. Fisher* **SIGNATURE REQUIRED** Horace L. Fisher, Chair 1/25/00 904-247-4115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #