

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90016 050 ****61.25

DOCUMENT # 735787

1. Entity Name

FORT CAROLINE UNITED METHODIST CHURCH, INC.

Principal Place of Business

Mailing Address

8510 FT CAROLINE ROAD
 JACKSONVILLE FL 32277-2974
 US

8510 FT CAROLINE ROAD
 JACKSONVILLE FL 32277-2974
 US

00032900



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

59-1375581

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

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

Name Houston White

Street Address (P.O. Box Number is Not Acceptable)

11026 Harbor Cay Ct.

City Jacksonville

FL

Zip Code 32225

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 Houston R. White

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

Houston R. White

(NOTE: Registered Agent signature required when reinstating)

3-6-01

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 NAME STREET ADDRESS CITY-ST-ZIP	TR RING, MARJORIE 6612 MARKIN DR S. JACKSONVILLE FL 32277	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FISHER, HORACE L. 12866 RABBIT RUN LANE JACKSONVILLE FL 32246	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WHITE, HOUSTON 11026 HARBOR CAY CT JACKSONVILLE FL 32225	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR SPOCK, BUCK 1486 GATELY RD JACKSONVILLE FL 32225	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MATCHETT, STEPHEN 3950 HILL TERRACE DR JACKSONVILLE FL 32246	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR REDFOOT, FRANK E. 5940 COVERED CREEK LANE JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S James Bergman 3649 Marsh Creek Dr. Jacksonville, FL 32277	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Gayle Green 8460 Ft. Caroline Rd. Jacksonville, FL 32277	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Millard Rouse 3475 Sandburg Rd. Jacksonville, FL 32277	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Houston R. White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-01

Date

744-1311

Daytime Phone #

CR#E037 (10/00)