

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15372

1. Entity Name

FIRST UNITED METHODIST CHURCH, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90100 023 ****61.25

Principal Place of Business 1126 EAST SILVER SPRINGS BOULEVARD OCALA FL 32670	Mailing Address 1126 EAST SILVER SPRINGS BOULEVARD OCALA FL 34470-6704
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Ocala, Florida	3. Mailing Address 1126 E. Silver Spgs. Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ocala, Florida	City & State Ocala, Florida
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4. FEI Number 59-0700564	Applied For <input type="checkbox"/> Not Applicable
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Zip 34470	Country Marion	Zip 34470	Country Marion
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GREEN, JOHN M. JR.
 2323 SE 5TH ST.
 Ocala FL 34471

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 D	NAME JOHNSON, RAY	STREET ADDRESS 801 N.E. 42ND TERR.	CITY-ST-ZIP OCALA FL	<input checked="" type="checkbox"/> Delete
TITLE VD	NAME THOMAS, JOHN	STREET ADDRESS 2544 SE 28TH LANE	CITY-ST-ZIP OCALA FL	<input type="checkbox"/> Delete
TITLE T	NAME LOSSING, GERALD D	STREET ADDRESS 724 S.E. 40TH TERR.	CITY-ST-ZIP OCALA FL 34471-3136	<input type="checkbox"/> Delete
TITLE SD	NAME ARNETTE, SARA	STREET ADDRESS 1781 SE CLATTERBRIDGE RD	CITY-ST-ZIP OCALA FL	<input type="checkbox"/> Delete
TITLE D	NAME RICHARD, HELEN	STREET ADDRESS 2230 S.E. 8TH ST	CITY-ST-ZIP OCALA FL	<input checked="" type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Chairman	NAME Robert M. Turner	STREET ADDRESS 1030 NE 5th St.	CITY-ST-ZIP Ocala, Fl. 34470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE Secretary	NAME Jan Knorr	STREET ADDRESS 735 SE 22nd Ave.	CITY-ST-ZIP Ocala, Fl. 34471	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE member	NAME Sandy (Raymond) McBride	STREET ADDRESS P.O. Box 5894	CITY-ST-ZIP Ocala, Fl. 34478	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE member	NAME Monty K. Ergle	STREET ADDRESS 1560 SE 11th Street	CITY-ST-ZIP Ocala, Fl. 34471	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: Robert M. Turner Robert M. Turner 2/10/2000 352-622-8916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)