

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15372

1. Entity Name

FIRST UNITED METHODIST CHURCH, INC.

Principal Place of Business

1126 EAST SILVER SPRINGS BOULEVARD
OCALA FL 32670

Mailing Address

1126 EAST SILVER SPRINGS BOULEVARD
OCALA FL 32670

2. Principal Place of Business

Ocala, Florida

Suite, Apt. #, etc.

3. Mailing Address

1126 E. Silver Spqgs. Blvd.

Suite, Apt. #, etc.

City & State

Ocala, Fl. 34470

Zip

34470

Country

USA

City & State

Ocala, Fl. 34470

Zip

34470

Country

USA

4. FEI Number

59-0700564

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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 reappointing)

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	C (Chairman)	<input type="checkbox"/> Delete
NAME	TURNER, ROBERT M	
STREET ADDRESS	1030 NE 5TH ST.	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, JOHN	
STREET ADDRESS	2544 SE 28TH LANE	
CITY-ST-ZIP	OCALA FL	
TITLE	T (Treasurer)	<input type="checkbox"/> Delete
NAME	LOSSING, GERALD D	
STREET ADDRESS	724 S.E. 40TH TERR.	
CITY-ST-ZIP	OCALA FL 34471-3138	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ARNETTE, SARA	
STREET ADDRESS	1781 SE CLATTERBRIDGE RD	
CITY-ST-ZIP	OCALA FL	
TITLE	M (Member)	<input type="checkbox"/> Delete
NAME	ERGLE, MONTY K	
STREET ADDRESS	1560 SE 11TH STREET	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Jan Knorr	
STREET ADDRESS	735 SE 22nd Ave.	
CITY-ST-ZIP	Ocala, Fl. 34471	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Member	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gayle Elkes	
STREET ADDRESS	2216 Spring Hill Court	
CITY-ST-ZIP	Ocala, Fl. 34471	
TITLE	Member	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Link	
STREET ADDRESS	2051 SE 38th Court	
CITY-ST-ZIP	Ocala, Fl. 34471	
TITLE	Member	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sandy McBride	
STREET ADDRESS	P.O. Box 5894	
CITY-ST-ZIP	Ocala, Fl. 34478	
TITLE	Vice-Chairman	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steve Edwards	
STREET ADDRESS	470 SW 63rd St. Rd.	
CITY-ST-ZIP	Ocala, Fl. 34474	
TITLE	Member	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nancy Jones	
STREET ADDRESS	3144 NE 7th Lane	
CITY-ST-ZIP	Ocala, Fl. 34470	
TITLE	Member	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rick Lankford	
STREET ADDRESS	2080 SE 34th St.	
CITY-ST-ZIP	Ocala, Fl. 34471	

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 lines empowered.

SIGNATURE: [Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 06, 2001 8:00 am
Secretary of State

05-17-2001 90377 008 ****61.25

48090



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)