2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15372 Secretary of State 1. Entity Name 03-13-2002 90112 046 ****61.25 FIRST UNITED METHODIST CHURCH, INC. Principal Place of Business Mailing Address 1126 EAST SILVER SPRINGS BOULEVARD 1126 EAST SILVER SPRINGS BOULEVARD OCALA FL 34470 OCALA FL 34470 2. Principal Place of Business 3. Mailing Address <u>Ocala, Florida</u> <u> 26 E. Silver Springs</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-0700564 Ocala, Florida Not Applicable Ocala, Florida Zin Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 34470 <u>USA * ~ :</u> 34470 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GREEN, JOHN M. JR. 2323 SE 5TH ST. OCALA FL 34471 City 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 remetating) \$5.00 May Be Make Check Payable to 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. (9/01) ☐ Addition TITLE TITLE ↓□ Change Delete Chairman NAME 🕹 NAME TURNER, ROBERT M Steve Edwards STREET ADDRESS STREET ADDRESS 1030 NE 5TH ST. 470 SW 63 Street Road CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34470 Ocala, Florida 34474 TITL F ☐ Delete TITLE ☐ Change ☐ Addition NAME LOSSING, GERALD D NAME Treasurer STREET ADDRESS STREET ADORESS 724 S.E. 40TH TERR. Gerald D. Lossing, 724 SE 40 Terrace CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34471-3136 Ocala, Florida 34471... ¹☐ Change XX Addition TITLE ☐ Deleta TITLE Member NAME NAME FRGLE, MONTY K STREET ADDRESS STREET ADDRESS Sandy Mc Bride, 1720 SE 11 Street 1560 SE 11TH STREET <u>Ocala, Florida 34471</u> CITY-ST-ZIP CITY-ST-7IP OCALA FL 34471 ☐ Change ☐ Addition MLE SD ☐ Delete TITLE Secretary NAME NAME KNORR, JAN Jan Knorr STREET ADDRESS STREET ADDRESS 735 SE 22ND AVE 735 SE 22 Avenue CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34471 Ocala, Florida 34471 Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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. Steve Edwards 2/27/02 352-854-6266

CITY-ST-ZIP

SIGNATURE: _

CITY-ST-ZIP

Daytime Phone 9

FILED

Apr 09, 2002 8:00 am