


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90030 005 ****61.25

DOCUMENT # N15372			
1. Entity Name FIRST UNITED METHODIST CHURCH, INC.			
Principal Place of Business 1125 EAST SILVER SPRINGS BOULEVARD OCALA FL 34470		Mailing Address 1125 EAST SILVER SPRINGS BOULEVARD OCALA FL 34470	
2. Principal Place of Business Ocala, Florida		3. Mailing Address 1126 E. Silver Springs Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ocala, Florida		City & State Ocala, Florida	
Zip 34470	Country USA	Zip 34470	Country USA
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			

90005146



CHECK HERE IF MAKING CHANGES

4. FEI Number 59-0700564	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC EDWARDS, STEVE 470 SW 63 STREET ROAD OCALA FL 34474 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member "T" Andrews, Garnet 1538 SE 11th Street Ocala, Florida 34471 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOSSING, GERALD D 724 S.E. 40TH TERR. OCALA FL 34471-3136 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member "T" Deaton, John S. 2130 SW 37th Street Road Ocala, Florida 34474 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M ERGLE, MONTY K 1560 SE 11TH STREET OCALA FL 34471 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member "T" Lewis, Linda 1938 SE Clatterbridge Road Ocala, Florida 34471 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KNORR, JAN 735 SE 22ND AVE OCALA FL 34471 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MT MCBRIDE, SANDY 1720 SE 11 STREET OCALA FL 34471 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: Steven Edwards **RED** Steven Edwards 1/8/03 352-854-6266

CR2E037 (10/02)