

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90042 028 \*\*\*\*70.00

**DOCUMENT # N19256**

1. Entity Name

**FIRST UNITED METHODIST CHURCH OF FORT WALTON, IN**

Principal Place of Business

Mailing Address

103 FIRST STREET, S.E.  
 FORT WALTON BEACH FL 32548-2893

103 FIRST STREET, S.E.  
 FORT WALTON BEACH FL 32548-5803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0939948**

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

**GIBB, KEITH**  
**408 SHERRY CIRCLE**  
**FORT WALTON BEACH FL 32548**

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 KEITH E. GIBB

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

(NOTE: Registered Agent signature required when reinstating)

JANUARY 24, 2000

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  Delete  
 NAME **DEWEY, JOHN**  
 STREET ADDRESS **48 MAGNOLIA DR**  
 CITY-ST-ZIP **SHALIMAR FL**

TITLE  Change  Addition  
 NAME **ROBERTS, WILLIAM**  
 STREET ADDRESS **144 FULMER CIRCLE NE, FT WALTON BEACH 32548**  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SPIVEY, MARGARET**  
 STREET ADDRESS **619 NE POWELL DR**  
 CITY-ST-ZIP **FT WALTON BEACH FL**

TITLE  Change  Addition  
 NAME **WALKER, BILLY**  
 STREET ADDRESS **635 COUNTRY CLUB AVE, NE FWB, FL 32547**  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **ROBBINS, CLAY**  
 STREET ADDRESS **911 CLOVERDALE CT**  
 CITY-ST-ZIP **FT WALTON BEACH FL**

TITLE  Change  Addition  
 NAME **LICHAUER, SANDY**  
 STREET ADDRESS **P.O. BOX 679 SHALIMAR, FL 32579-0679**  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **LORENEZ, JUDY**  
 STREET ADDRESS **1898 HEARTLAND DDR**  
 CITY-ST-ZIP **FORT WALTON BEACH FL**

TITLE  Change  Addition  
 NAME **CLEMONS, CRAIG**  
 STREET ADDRESS **629 POWER DR. FWB, FL 32547**  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **GIBB, KEITH**  
 STREET ADDRESS **408 SHERRY CIRCLE**  
 CITY-ST-ZIP **FORT WALTON BCH FL**

TITLE  Change  Addition  
 NAME **STRUZINSKI, LURA**  
 STREET ADDRESS **115 FULMER CIRCLE**  
 CITY-ST-ZIP **FORT WALTON BEACH, FL 32548**

TITLE  Delete  
 NAME **ARROWSMITH, DAVID**  
 STREET ADDRESS **111 MIRACLE STRIP PKWY E**  
 CITY-ST-ZIP **FT WALTON BCH FL**

TITLE  Change  Addition  
 NAME **WAGNER, DOUG**  
 STREET ADDRESS **28 NW MORIARITY**  
 CITY-ST-ZIP **FORT WALTON BEACH, FL 32548**

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: KEITH E. GIBB  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 24, 2000

Date

Daytime Phone #

CR2E037 (9/99)

00011973



DO NOT WRITE IN THIS SPACE