

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90072 018 ****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 32548-2893

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



DO NOT WRITE IN THIS SPACE

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 _____

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

T Change Addition
 NAME **CREWS, GEORGE**
 STREET ADDRESS **106 POINT COMFORT RD, MARY ESTHER FL 32569**
 CITY-ST-ZIP

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

T Change Addition
 NAME **RIVERS, RALPH**
 STREET ADDRESS **109 HOWELL DR. FORT WALTON BEACH, FL 32548**
 CITY-ST-ZIP

T Delete
 NAME **LICHAUER, CRAIG**
 STREET ADDRESS **P.O. BOX 679**
 CITY-ST-ZIP **SHALIMAR FL 32579-0679**

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

T Delete
 NAME **CLEMONS, CRAIG**
 STREET ADDRESS **629 POWER DR.**
 CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

T Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

T Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

T Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 Gibb* **KEITH GIBB, CHAIRPERSON, TRUSTEES** **JANUARY 23, 2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

Document # N19256

**2001 Uniform Business Report
Officers and Directors
Continuation Sheet**

B0013933

Title: T
Name: Lura Struzinski
Street Address: 115 Fulmar Circle
City-St-Zip: Fort Walton Beach, FL 32548

Title: T
Name: Doug Wagner
Street Address: 28 NW Moriarity
City-St-Zip: Fort Walton Beach, FL 32548
