

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

**FILED**  
Feb 03, 2003 8:00 am  
Secretary of State

02-03-2003 90301 008 \*\*\*\*70.00

**DOCUMENT # N19256**

1. Entity Name

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



Principal Place of Business

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

Mailing Address

**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

Zip

Country

Zip

Country

4. FEI Number **59-0939948**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RIVERS, RALPH F  
108 HOWELL DRIVE, NW  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE RALPH F. RIVERS CHAIRMAN, BOARD OF TRUSTEES

*Ralph F. Rivers*

January 27, 2003

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                   |  |
|----------------|-----------------------------------|--|
| TITLE          | T                                 | <input type="checkbox"/> Delete            |
| NAME           | <b>DAVIS, CAREN</b>               |  |
| STREET ADDRESS | <b>122 MICHAEL AVE</b>            |  |
| CITY-ST-ZIP    | <b>FORT WALTON BEACH FL 32547</b> |  |
| TITLE          | T                                 | <input type="checkbox"/> Delete            |
| NAME           | <b>HAYLES, MALCOLM</b>            |  |
| STREET ADDRESS | <b>117 WAYNELL CIRCLE, SE</b>     |  |
| CITY-ST-ZIP    | <b>FORT WALTON BEACH FL 32548</b> |  |
| TITLE          | T                                 | <input type="checkbox"/> Delete            |
| NAME           | <b>STONE, JERRY</b>               |  |
| STREET ADDRESS | <b>111 WOODBINE CIRCLE</b>        |  |
| CITY-ST-ZIP    | <b>FORT WALTON BEACH FL 32548</b> |  |
| TITLE          | T                                 | <input type="checkbox"/> Delete            |
| NAME           | <b>HESTER, JOYCE</b>              |  |
| STREET ADDRESS | <b>814 TAROON DRIVE</b>           |  |
| CITY-ST-ZIP    | <b>FORT WALTON BEACH FL 32548</b> |  |
| TITLE          | T                                 | <input type="checkbox"/> Delete            |
| NAME           | <b>VAUGHN, AUBREY</b>             |  |
| STREET ADDRESS | <b>147 HOMEWOOD DRIVE</b>         |  |
| CITY-ST-ZIP    | <b>FORT WALTON BEACH FL 32548</b> |  |
| TITLE          | T                                 | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>STRUZINSKI, LURA</b>           |  |
| STREET ADDRESS | <b>115 FULAR CIRCLE</b>           |  |
| CITY-ST-ZIP    | <b>FT. WALTON BEACH, FL 32548</b> |  |

|                |                                   |  |
|----------------|-----------------------------------|--|
| TITLE          | T                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>TRUBY, ALLEN</b>               |  |
| STREET ADDRESS | <b>659 MERIONETH DRIVE</b>        |  |
| CITY-ST-ZIP    | <b>FT. WALTON BEACH, FL 32547</b> |  |
| TITLE          | T                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | <b>GARY, ROBB</b>                 |  |
| STREET ADDRESS | <b>99 OPP BLVD., NE</b>           |  |
| CITY-ST-ZIP    | <b>FT. WALTON BEACH, FL 32548</b> |  |
| TITLE          | T                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | <b>WAGNER, DOUG</b>               |  |
| STREET ADDRESS | <b>28 MORIARTY</b>                |  |
| CITY-ST-ZIP    | <b>FT. WALTON BEACH, FL 32548</b> |  |
| TITLE          |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                   |  |
| STREET ADDRESS |                                   |  |
| CITY-ST-ZIP    |                                   |  |
| TITLE          |                                   | <input type="checkbox"/> Change <input type="checkbox"/> 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: RALPH F. RIVERS CHAIRMAN, BOARD OF TRUSTEES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 27, 2003

CR2E037 (10/02)