

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 27 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N24522

1. Entity Name

THE FIRST UNITED METHODIST CHURCH OF OVIEDO, INC

Principal Place of Business

Mailing Address

263 KING STREET  
OVIEDO FL 32765

263 KING STREET  
OVIEDO FL 32765-8108

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1350104

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POWERS, JOHN  
263 KING STREET  
OVIEDO FL 32765

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

| TITLE | NAME             | STREET ADDRESS        | CITY-ST-ZIP          | TITLE                                      | NAME | STREET ADDRESS | CITY-ST-ZIP                                 |
|-------|------------------|-----------------------|----------------------|--|------|----------------|---|
| C     | PATTERSON, RANDY | 874 KINGSBRIDGE DRIVE | OVIEDO FL 32765      | <input checked="" type="checkbox"/> Delete | D    | Robert Putnam  | 955 Dyson Dr.<br>Winter Springs, FL 32708   |
| S     | HOOVER, NANCY    | 2425 BLACKBERRY TRAIL | OVIEDO FL            | <input checked="" type="checkbox"/> Delete | D    | Linda Nail     | 10 Village Dr.<br>Oviedo, FL 32705          |
| T     | LYKENS, DANIEL   | 819 ORANGE WOOD DR.   | OVIEDO FL 32765      | <input checked="" type="checkbox"/> Delete | P    | Robert Ataxal  | 2946 Lexington Ct.<br>Oviedo, FL 32705-8405 |
| T     | CORTES, CRAIG    | 270 CLEARVIEW ROAD    | CHULWOTA FL 32768    | <input checked="" type="checkbox"/> Delete | D    | Linda Blackman | 16 Village Dr.<br>Oviedo, FL 32705-8516     |
| P     | DAVENPORT, DEAN  | 4080 LAKE HARNEY CIR  | GENEVA FL 32732-9651 | <input type="checkbox"/> Delete            | D    |                |   |
| T     | RADKEVICH, TOM   | 879 ROYALWOOD LANE    | OVIEDO FL 32765      | <input type="checkbox"/> Delete            | C/D  |                |   |

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)