

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90043 013 \*\*\*\*70.00

**DOCUMENT # N26116**

1. Entity Name

**FIRST UNITED METHODIST CHURCH OF VERO BEACH, INC**

Principal Place of Business

1750 20TH ST  
 VERO BEACH FL 32960  
 US

Mailing Address

1750 20TH ST  
 VERO BEACH FL 32960-0636  
 US

00000142



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

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

HIMELICK, BYRON  
 4850 13TH LANE  
 VERO BEACH FL 32966

Name

**SMITH, STEVE**

Street Address (P.O. Box Number is Not Acceptable)

**165 32ND COURT, SW**

City

**VERO BEACH**

**FL**

Zip Code  
**32968**

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]*

**3/13/02**

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 PD  
 NAME HIMELICK, BYRON  
 STREET ADDRESS 4850 13TH LANE  
 CITY-ST-ZIP VERO BEACH FL 32966  
☐ Delete

TITLE D  
 NAME HIMELICK, BYRON  
 STREET ADDRESS 4850 13TH LANE  
 CITY-ST-ZIP VERO BEACH, FL 32966  
☒ Change ☐ Addition

TITLE VD  
 NAME YOUNG, PAT  
 STREET ADDRESS 815 23RD AVE  
 CITY-ST-ZIP VERO BEACH, FL 32960  
☒ Delete

TITLE VD  
 NAME REDSTONE, JOYCE  
 STREET ADDRESS 806 43RD AVENUE  
 CITY-ST-ZIP VERO BEACH, FL 32960  
☐ Change ☒ Addition

TITLE D  
 NAME PERRY, NANCY  
 STREET ADDRESS 1025 EASTER LILY LANE  
 CITY-ST-ZIP VERO BEACH FL 32963  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE D  
 NAME SMITH, STEVE  
 STREET ADDRESS 165 32ND COURT SW  
 CITY-ST-ZIP VERO BEACH FL 32968  
☐ Delete

TITLE PD  
 NAME SMITH, STEVE  
 STREET ADDRESS 165 32ND COURT, SW  
 CITY-ST-ZIP VERO BEACH, FL 32968  
☒ Change ☐ Addition

TITLE D  
 NAME MCADAM, SCOTT  
 STREET ADDRESS 7005 BAYARD RD  
 CITY-ST-ZIP FORT PIERCE FL 34951  
☒ Delete

TITLE S  
 NAME HARWELL, DEBORAH  
 STREET ADDRESS 120 44TH TERRACE, SW  
 CITY-ST-ZIP VERO BEACH, FL 32968  
☐ Change ☒ Addition

TITLE D  
 NAME SANCHEZ, MARK  
 STREET ADDRESS 7025 8TH STREET  
 CITY-ST-ZIP VERO BEACH FL 32968  
☒ Delete

TITLE D  
 NAME ELLIS, BASIL THOMAS  
 STREET ADDRESS 2145 55TH AVENUE  
 CITY-ST-ZIP VERO BEACH, FL 32966  
☐ Change ☒ 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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/13/02**

**321-984-2820**

CR2E037 (9/01)