

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30091

1. Entity Name

FIRST UNITED METHODIST CHURCH OF WINTER GARDEN;

FILED

Apr 03, 2001 8:00 am  
Secretary of State

04-03-2001 90114 015 \*\*\*\*61.25

Principal Place of Business

C/O WILLIAM N. ASMA  
886 SOUTH DILLARD STREET  
WINTER GARDEN FL 34787-3910

Mailing Address

C/O WILLIAM N. ASMA  
886 SOUTH DILLARD STREET  
WINTER GARDEN FL 34787-3910

2. Principal Place of Business

125 N. Lakeview Ave.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Winter Garden, FL

City & State

4. FEI Number

59-0725543

Applied For

Not Applicable

Zip

34787

Country

USA

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

ASMA, WILLIAM N.  
886 SOUTH DILLARD STREET  
WINTER GARDEN FL 32787

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 PD  
NAME KEATING, TIMOTHY  
STREET ADDRESS 802 TILDENVILL RD.  
CITY-ST-ZIP WINTER GARDEN FL ☐ Delete

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

TITLE VD  
NAME ANNIS, GAY  
STREET ADDRESS 214 N DILLARD ST  
CITY-ST-ZIP WINTER GARDEN FL 34787 ☒ Delete

TITLE VD  
NAME Lori Allen  
STREET ADDRESS 17000 Red Bird Road  
CITY-ST-ZIP Winter Garden, FL 34787 ☒ Change ☐ Addition

TITLE S  
NAME WAGSTER, MARIAN  
STREET ADDRESS 383 GOVE CT  
CITY-ST-ZIP WINTER GARDEN FL 34787 ☐ Delete

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

TITLE D  
NAME ROBERSON, GORDON  
STREET ADDRESS 146 LIVE OAK RD  
CITY-ST-ZIP WINTER GARDEN FL 34787 ☒ Delete

TITLE D  
NAME Gary Youngblood  
STREET ADDRESS 165 E. Tilden St.  
CITY-ST-ZIP Winter Garden, FL 34787 ☒ Change ☐ Addition

TITLE D  
NAME GRIFFIN, JOHNNIE  
STREET ADDRESS 520 N WOODLAND ST  
CITY-ST-ZIP WINTER GARDEN FL 34787 ☒ Delete

TITLE D  
NAME Leroy Reynolds  
STREET ADDRESS 1200 Thornbury Ct.  
CITY-ST-ZIP Winter Garden, FL 34787 ☒ Change ☐ Addition

TITLE D  
NAME QUESINBERRY, GLORIA  
STREET ADDRESS 900 W PLANT ST  
CITY-ST-ZIP WINTER GARDEN FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-28-01 407.656.1135

CR2E037 (10/00)