

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90048 029 ****61.25

UBR0134

DOCUMENT # N30091

1. Entity Name

FIRST UNITED METHODIST CHURCH OF WINTER GARDEN, INC.

Principal Place of Business

Mailing Address

**125 N LAKEVIEW AVE
 WINTER GARDEN FL 34787-3910**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0725543

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

**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	<input type="checkbox"/> Delete
NAME	KEATING, TIMOTHY	
STREET ADDRESS	802 TILDENVILL RD.	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, LORI	
STREET ADDRESS	17000 RED BIRD ROAD	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WAGSTER, MARIAN	
STREET ADDRESS	383 GOVE CT	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOUNGBLOOD, GARY	
STREET ADDRESS	165 E. TILDEN ST	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REYNOLDS, LEROY	
STREET ADDRESS	1200 THORNBURY CT	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	D	<input type="checkbox"/> Delete
NAME	QUESINBERRY, GLORIA	
STREET ADDRESS	900 W PLANT ST	
CITY-ST-ZIP	WINTER GARDEN FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reynolds, Leroy	
STREET ADDRESS	1200 Thornbury Ct.	
CITY-ST-ZIP	Winter Garden, FL 34787	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anne S. Badgley	
STREET ADDRESS	825 Sleepy Harbor Dr.	
CITY-ST-ZIP	Ocoee, FL 34761	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bravar, Blaz	
STREET ADDRESS	1654 Spring Ridge Circle	
CITY-ST-ZIP	Winter Garden, FL 34787	
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)(j), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-2002 407-686-1135

Date Daytime Phone #

CR2E037 (9/01)