

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90059 032 ****61.25

DOCUMENT # N32828

1. Entity Name

MIDDLEBURG UNITED METHODIST CHURCH, INC.

Principal Place of Business

Mailing Address

**3925 MAIN STREET
MIDDLEBURG FL 32068**

**3925 MAIN STREET
MIDDLEBURG FL 32068-5149**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1320369**

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

**NORDGREN, LEN
762 ARTHUR MOORE DR
GREEN COVE SPRINGS FL 32043**

Name **Popke, Paul**

Street Address (P.O. Box Number is Not Acceptable)
2520 Primrose Ave.

Middleburg, FL 32068

City **Middleburg, FL 32068** **FL** Zip Code **32068**

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

Paul Popke

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 **V** Delete
NAME **WHEELER, RICHARD**
STREET ADDRESS **4525 COUGAR CT**
CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TR** Delete
NAME **LUCAS, BOB**
STREET ADDRESS **3791 CR 218 #46**
CITY-ST-ZIP **MIDDLEBERG FL 32068**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TR** Delete
NAME **HITER, KEN**
STREET ADDRESS **8886 MARLEE RD**
CITY-ST-ZIP **JACKSONVILLE FL 32222**

TITLE Change Addition
NAME **Black, D. E.**
STREET ADDRESS **3933 Main St.**
CITY-ST-ZIP **Middleburg, FL 32068**

TITLE **PD** Delete
NAME **NORDGREN, LEN**
STREET ADDRESS **762 ARTHUR MOORE DR**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE Change Addition
NAME **Popke, Paul**
STREET ADDRESS **2520 Primrose Ave.**
CITY-ST-ZIP **Middleburg, FL 32068**

TITLE **S** Delete
NAME **LYDA, SUZANNE**
STREET ADDRESS **3627 SOUTHERN PINES DR**
CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE Change Addition
NAME **McDonald, Beth**
STREET ADDRESS **2092 Laurel Dr.**
CITY-ST-ZIP **Middleburg, FL 32068**

TITLE **TR** Delete
NAME **MOSS, IVAN**
STREET ADDRESS **3333 DIXIE DR**
CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE Change 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:

Paul Popke **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)