## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment will

**SIGNATURE** 

## **FILED** Jan 30, 2001 8:00 am Secretary of State **DOCUMENT # N49835** 1. Entity Name ST. ANDREW UNITED METHODIST CHURCH, INC. 01-30-2001 90044 008 \*\*\*\*61.25 Principal Place of Business Mailing Address 2001 W. 11TH STREET 2001 W. 11TH STREET PANAMA CITY FL 32401 PANAMA CITY FL 32401 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-0782457 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Number is Not Acceptable) LILLESTON, WILLIAM 648 LAGOON OAKS CIR PANAMA CITY FL 32408 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. SIGNATUREX typed or printed name of registered agent and titl applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. **Department of State** FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition | ATA Change TITLE TITLE ☐ Delete CHARLES OLMSTEAD MCQUAGGE, JOE NAME NAME a873 Tupelo 1208 FORTUNE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Panama City, Fr 32405 CITY-ST-ZIP PANAMA CITY FL VPTR ☐ Change M Addition Delete TITLE TITLE DAVID RILEY LARRY KERSEY BOB IOWA AVE. NAME NAME 2874 TUPELO DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE :ULLESTON, WILLIAM, -NAME NAME: 648 LAGOON OAKS CIR STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32408 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE **BROWN, GLADYS** NAME 910 FORTUNE AVE STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32401 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE SCHAEFER, ED NAME NAME 803 W PIERSON DR STREET ADDRESS STREET ADDRESS LYNN HAVEN FL 32444 CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 acquirate 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 leport as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if