

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90025 041 ****61.25

DOCUMENT # N49835

1. Entity Name

ST. ANDREW UNITED METHODIST CHURCH, INC.

Principal Place of Business

Mailing Address

2001 W. 11TH STREET
PANAMA CITY FL 32401

2001 W. 11TH STREET
PANAMA CITY FL 32401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0782457

Applied For

Not Applicable

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

SCHAEFER, ED
803 W PIERSON DR
LYNN HAVEN FL 32444

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 CTR ☒ Delete
NAME MCQUAGGE, JOE
STREET ADDRESS 1208 FORTUNE AVE
CITY-ST-ZIP PANAMA CITY FL

TITLE T ☐ Change ☒ Addition
NAME ANDY McQuagge
STREET ADDRESS 2111 Briarwood Circle
CITY-ST-ZIP Panama City, FL 32405

TITLE DTR ☐ Delete
NAME KERSEY, LARRY
STREET ADDRESS 308 IOWA AVE
CITY-ST-ZIP LYNN HAVEN FL 32444

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

TITLE S ☒ Delete
NAME BROWN, GLADYS
STREET ADDRESS 910 FORTUNE AVE
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE S ☐ Change ☒ Addition
NAME Pam Percy
STREET ADDRESS 2010 W 20th Ct.
CITY-ST-ZIP Panama City, FL 32405

TITLE CTR ☐ Delete
NAME SCHAEFER, ED
STREET ADDRESS 803 W PIERSON DR
CITY-ST-ZIP LYNN HAVEN FL 32444

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

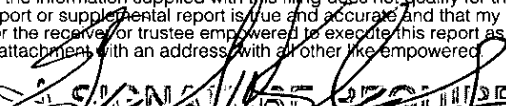
TITLE VPTR ☐ Delete
NAME OLMSTEAD, CHARLES
STREET ADDRESS 2873 TUPELO
CITY-ST-ZIP PANAMA CITY FL 32405

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-02 850-715-1564

CR2E037 (9/01)