

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90049 020 ****61.25

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DOCUMENT # N93000003079

1. Entity Name

FIRST UNITED METHODIST CHURCH OF HAINES CITY, FL

Principal Place of Business

Mailing Address

21 S. SECOND ST.
 HAINES CITY FL 33844

21 S. SECOND ST.
 HAINES CITY FL 33844

818031



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1573252

Applied For

Not Applicable

Zip

Country

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

HALLMAN, DOUGLAS F
1917 PENINSULAR DRIVE
HAINES CITY FL 33844

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

[Handwritten Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/20/01

**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 NAME	T WINCHESTER, ED	<input type="checkbox"/> Delete
STREET ADDRESS	218 CREST DR.	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE NAME	T CREWS, CURTIS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 1018	
CITY-ST-ZIP	DAVENPORT FL 33836	
TITLE NAME	T FLOWERS, OWEN	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 1447	
CITY-ST-ZIP	HAINES CITY FL 33845	
TITLE NAME	T COOK, MAXCINE	<input type="checkbox"/> Delete
STREET ADDRESS	2494 ST. AUGUSTINE BLVD	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE NAME	T GRIBBIN, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS	6 SANDALWOOD DRIVE	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE NAME	T KOCH, GLORIA	<input type="checkbox"/> Delete
STREET ADDRESS	PO BOX 472	
CITY-ST-ZIP	HAINES CITY FL 33844	

TITLE NAME	T Harold Thompson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	P. O. Box 673	
CITY-ST-ZIP	Lake Hamilton, FL 33851	
TITLE NAME	T Betty Rhoades	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	308 Crest Drive	
CITY-ST-ZIP	Haines City, FL 33844	
TITLE NAME	T Ben Knott	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3599 Jennings Road	
CITY-ST-ZIP	Lake Wales, FL 33845	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/01

Date

Daytime Phone #

CR2E037 (10/00)