

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90188 002 ****61.25

DOCUMENT # **N93000003079**

1. Entity Name

**FIRST UNITED METHODIST CHURCH OF HAINES CITY, FL
A., INC.**



Principal Place of Business

**21 S. SECOND ST.
HAINES CITY FL 33844**

Mailing Address

**21 S. SECOND ST.
HAINES CITY FL 33844**

20029099



CHECK HERE IF MAKING CHANGES

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

~~RICHARD BOGGS JR~~ **R. Charles Boggs, Jr.**
21 SOUTH 2ND STREET
HAINES CITY FL 33844 (Name Correction)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *R. Charles Boggs, Jr.*

4-7-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	WINCHESTER, JUDY	Address Correction
STREET ADDRESS	218 CREST DRIVE	
CITY-ST-ZIP	Haines City, FL 33844	
TITLE	T	<input type="checkbox"/> Delete
NAME	RHOADES, BETTY	
STREET ADDRESS	308 CREST DRIVE	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BEN, KNOTT	
STREET ADDRESS	33 RAINBOW LANE E	
CITY-ST-ZIP	DUNDEE FL 33838	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	COOK, MAXCINE	
STREET ADDRESS	2494 ST. AUGUSTINE BLVD	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	S	<input type="checkbox"/> Delete
NAME	TOM, BROADWAY	
STREET ADDRESS	24 NOTTHINHAM WAY	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KOCH, GLORIA	
STREET ADDRESS	PO BOX 472	
CITY-ST-ZIP	HAINES CITY FL 33844	

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thompson, Harold	
STREET ADDRESS	P. O. Box 673	
CITY-ST-ZIP	Lake Hamilton, FL 33851	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Casey, Karl	
STREET ADDRESS	1701 Commerce Ave., Lot 70	
CITY-ST-ZIP	Haines City, FL 33844	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lyon, Harry	
STREET ADDRESS	3208 Fairmont Pl.	
CITY-ST-ZIP	Haines City, FL 33844	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stewart, Charles	
STREET ADDRESS	1851 Peninsular Dr.	
CITY-ST-ZIP	Haines City, FL 33844	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Flowers, Mercedes	
STREET ADDRESS	706 Church Ave.	
CITY-ST-ZIP	Haines City, FL 33844	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Koch, Arthur	
STREET ADDRESS	P.O. Box 472, Haines City, FL	
CITY-ST-ZIP	33844	

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]* 4/7/03 863-289-3093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)

0087373