

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001555

1. Entity Name

FIRST UNITED METHODIST CHURCH OF WAUCHULA, FLORIDA, INC.

FILED
Aug 01, 2002 8:00 am
Secretary of State

08-01-2002 90170 044 ****61.25

0013784

Principal Place of Business

207 NORTH 7TH AVENUE
WAUCHULA FL 33873

Mailing Address

207 NORTH 7TH AVENUE
WAUCHULA FL 33873



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

65-0625634

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

REVELL, ONEITA
972 STENSTRON RD.
WAUCHULA FL 33873

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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 STREET ADDRESS CITY-ST-ZIP	PD ROY L. PETTEWAY 2150 RAMON PETTEWAY RD WAUCHULA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, ERIC 1827 LOUISIANA ST WAUCHULA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCC AUSTIN, CARL 3896 SUNSET DR. S.E. ZOLFO SPRINGS FL 33890	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PHIL, GLORIA 114 PENNSYLVANIA AVE. WAUCHULA FL 33873	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHERRY, J. W. 387 HANCHEY RD WAUCHULA FL 33873	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WARREN, WAYNE 3126 MERLE LANGFORD RD WAUCHULA FL	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Wayne Warren 3126 Merle Langford Rd Zolfo Springs, FL 33890	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Oneita Revell 972 Stenstrom Road Wauchula, FL 33873	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Ida Mary Spears 3060 College Hill Bowling Green, FL 33834	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Ruth Roberts 710 E Bay St Wauchula, FL 33873	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Roy L. Petteway 2150 Ramon Petteway Road Zolfo Springs, FL 33890	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Oneita Revell

7/29/02

863-773-4267

CR2E037 (4/02)