

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90129 010 \*\*\*\*61.25

DOCUMENT # 199000002070

1. Entity Name

FIRST UNITED METHODIST CHURCH OF MAYO, INC.

Principal Place of Business

P.O. BOX 433  
MAYO FL 32066

Mailing Address

P.O. BOX 433  
MAYO FL 32066-0433

2. Principal Place of Business

MAYO UNITED METHODIST CHURCH

3. Mailing Address

Suite, Apt. #, etc.

PO Box 433

City & State  
MAYO FL

City & State  
JOM

Zip  
32066

Country  
LAfayette

Zip  
320

Country

4. FEI Number

59-2166635

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MUTCH, SAMUEL A  
708 N.W. 8TH AVE.  
GAINESVILLE FL 32601-5073

7. Name and Address of New Registered Agent

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

TITLE	D	NAME	CERASO, MILTON E	<input type="checkbox"/> Delete
STREET ADDRESS			%P.O. BOX 433	
CITY-ST-ZIP			MAYO FL 32066	
TITLE	D	NAME	MCMILLAN, WILLIAM R	<input type="checkbox"/> Delete
STREET ADDRESS			RT 3, BOX 78	
CITY-ST-ZIP			MAYO FL 32066	
TITLE	D	NAME	BROWN, RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS			12485 RD 349	
CITY-ST-ZIP			LIVE OAK FL 32060	
TITLE	D	NAME	BRASWELL, STEVE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			PO BOX 336	
CITY-ST-ZIP			MAYO FL 32066	
TITLE	D	NAME	HART, W.C.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			RT 3, BOX 67	
CITY-ST-ZIP			MAYO FL 32066	
TITLE	D	NAME	CASHMAN, B.Z.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			%P.O. BOX 433	
CITY-ST-ZIP			MAYO FL 32066	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	NAME	DBRUCE BUCKLER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			RT #2 BOX 875	
CITY-ST-ZIP			MAYO FL 32066	
TITLE	D	NAME	JIMMY BARRINGTON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			PO Box 424	
CITY-ST-ZIP			MAYO, FL 32066	
TITLE	D	NAME	JEAN HART	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			RT #3 Box 196	
CITY-ST-ZIP			MAYO, FL 32066	
TITLE	D	NAME	CLEO HART	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			RT 2 Box 69	
CITY-ST-ZIP			MAYO, FL 32066	
TITLE	D	NAME	REBA BLACKSHEAR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			PO BOX 43	
CITY-ST-ZIP			MAYO, FL 32066	
TITLE	D	NAME	NITA MATHIS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			RT #2 BOX 142	
CITY-ST-ZIP			MAYO, FL 32066	

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:

*William R. McMillan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-11-00

Date

904-294-1994

Daytime Phone #

CR2E037 (9/99)