

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90154 008 ****61.25

608643



DO NOT WRITE IN THIS SPACE

DOCUMENT # N95000002573

1. Entity Name

FIRST UNITED METHODIST CHURCH OF MAYO, INC.

Principal Place of Business

Mailing Address

P.O. BOX 433
MAYO FL 32066

P.O. BOX 433
MAYO FL 32066

2. Principal Place of Business

3. Mailing Address

U.M. Church
Suite, Apt. #, etc.
MAYO, FL.
City & State

PO Box 433
Suite, Apt. #, etc.
MAYO, FL.
City & State

4. FEI Number

59-2166635

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip *32066*

County *Lafayette*

Zip *32066*

County *Lafayette*

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUTCH, SAMUEL A
2114 NW 40TH TER., STE A-1
GAINESVILLE FL 32605

Name *Leenette W. McMillan*
Street Address (P.O. Box Number is Not Acceptable)
Corner of Crawford St. and Monroe St.
City *MAYO* FL Zip Code *32066*

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 *Leenette W. McMillan* *Counsel to Board of Directors* *01-09-01*
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 NAME STREET ADDRESS CITY-ST-ZIP	PD CERASO, MILTON E %P.O. BOX 433 MAYO FL 32066	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMILLAN, WILLIAM R RT 3, BOX 78 MAYO FL 32066	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, RICHARD 12485 RD 349 LIVE OAK FL 32060	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRASWELL, STEVE PO BOX 336 MAYO FL 32066	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HART, W.C. RT 3, BOX 67 MAYO FL 32066	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASHMAN, B.Z. %P.O. BOX 433 MAYO FL 32066	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>JEAN HART</i> <i>RT # 3 HYW # 27</i> <i>MAYO, FL 32066</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>JIMMY BARRINGTON</i> <i>PO BOX 42A</i> <i>MAYO, FL 32066</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>CLED HART</i> <i>RT # 3 BOX 69</i> <i>MAYO, FL. 32066</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>BRUCE BUCKLER</i> <i>RT # 2 BOX 875</i> <i>MAYO, FL 32066</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>LOUISE RUNYON</i> <i>RT # 3 BOX 665</i> <i>MAYO, FL 32066</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>CHUCK DARBY</i> <i>RT # 1 BOX 578</i> <i>BRANFORD, FL 32008</i>	<input type="checkbox"/> Change <input checked="" 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: *WILLIAM R. MCMILLAN* *Chairman* *01-08-01*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # *904-294-1994*

CR2E037 (10/00)