

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90154 016 ****61.25

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DOCUMENT# N95000002573

1. Entity Name
FIRST UNITED METHODIST CHURCH OF MAYO, INC.

Principal Place of Business Mailing Address

P.O. BOX 433 P.O. BOX 433
 MAYO FL 32066 MAYO FL 32066



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

MAYO First U.M Church

Suite, Apt. #, etc. Suite, Apt. #, etc.

PO Box 433

City & State City & State

MAYO, FL. *SAME*

Zip Country Zip Country

32066 *LAYFAYETTE*

4. FEI Number Applied For

59-2166635 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCMILLAN, LEENETTE W
CORNER OF CRAWFORD AND MONROE ST
MAYO FL 32066

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME	HART, JEAN	
STREET ADDRESS	RT #3 HWY #27	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCMILLAN, WILLIAM R	
STREET ADDRESS	RT 3, BOX 78	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, RICHARD	
STREET ADDRESS	12485 RD 349	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARRINGTON, JIMMY	
STREET ADDRESS	PO BOX 424	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	D	<input type="checkbox"/> Delete
NAME	HART, CLEO	
STREET ADDRESS	RT 3 BOX 69	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BUCKLER, BRUCE	
STREET ADDRESS	RT 2 BOX 875	
CITY-ST-ZIP	MAYO FL 32066	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES DARBY	
STREET ADDRESS	RT #1 Box 578	
CITY-ST-ZIP	BRANFORD, FL 32008	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOUISE RUNYON	
STREET ADDRESS	RT #3 BOX 665	
CITY-ST-ZIP	MAYO, FL. 32066	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JERRY WILCOX	
STREET ADDRESS	RT # 2 Box 145	
CITY-ST-ZIP	MAYO, FL. 32066	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARD THOMAS	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *William R. McMillan* DATE: *1-15-02* DAYTIME PHONE #: *386-294-199*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)