

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


FILED
Jul 30, 2003 8:00 am
Secretary of State

07-30-2003 90069 008 ****70.00

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DOCUMENT # N95000002573

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



Principal Place of Business Mailing Address

MAYO FIRST U M CHURCH **MAYO FIRST U M CHURCH**
P O BOX 433 **P O BOX 433**
MAYO FL 32066 **MAYO FL 32066**

2. Principal Place of Business 3. Mailing Address

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

SAME AS ABOVE **SAME AS ABOVE**

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2166635** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

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 **N/A**

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 _____ 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
After September 10, 2003, min will be \$236.25

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

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 (CHAIR)	
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 checked="" type="checkbox"/> Delete
NAME	HART, CLEO	
STREET ADDRESS	RT 3 BOX 69	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	D	<input type="checkbox"/> Delete
NAME	DARBY, CHARLES	
STREET ADDRESS	RT # 1 BOX 578	
CITY-ST-ZIP	BRANFORD FL 32008	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOUISE RONYON	
STREET ADDRESS	173 N.W. POLK PATH	
CITY-ST-ZIP	MAYO, FL. 32066	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEWEY HATCIAER	
STREET ADDRESS	PO BOX 1388	
CITY-ST-ZIP	MAYO, FL 32066	
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 another name, or otherwise.

SIGNATURE: **WILLIAM R. MCMILLAN** 7-29-03 386-294-1994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)