

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90059 048 \*\*\*\*61.25

**DOCUMENT # 703905**

1. Entity Name

**FIRST METHODIST CHURCH OF INDIANTOWN, INC.**

Principal Place of Business

Mailing Address

15377 S.W. 150TH STREET  
INDIANTOWN FL 34956

15377 S.W. 150TH STREET  
INDIANTOWN FLA 34956-3321



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

**59-2628046**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**CONLEY, CONSTANCE**  
**15886 SW 151 ST**  
**INDIANTOWN FL 34956**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input type="checkbox"/> Delete
NAME	ROGERS, MALCOLM	
STREET ADDRESS	1544 SW 19TH TERRACE	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MILLER, NOEL	
STREET ADDRESS	16507 TWO WOOD WAY	
CITY-ST-ZIP	INDIANTOWN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LARGENT, GERALD	
STREET ADDRESS	15111 SW TRAIL CT	
CITY-ST-ZIP	INDIANTOWN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRINSON, KATHERINE	
STREET ADDRESS	15448 SW 150TH ST	
CITY-ST-ZIP	INDIANTOWN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWAIN, ELPETH	
STREET ADDRESS	14551 SW DIVOT DRIVE	
CITY-ST-ZIP	INDIANTOWN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (9/99)

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/8/2000**

Date

Daytime Phone #

**597-3644**