

2001 UNIFORM BUSINESS REPORT (UBR)

0015209

DOCUMENT # 751377

1. Entity Name

CRAWFORDVILLE UNITED METHODIST CHURCH, INC.

FILED

01 MAY -1 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

NO. 1 OCHLOCKONEE STREET NORTH SIDE
OF STATE ROAD 368
CRAWFORDVILLE FL 32327

Mailing Address

P.O. BOX 37
CRAWFORDVILLE FL 32326

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2278696

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

GABY, JULIE B
208 ROLAND HARVEY ROAD
CRAWFORDVILLE FL 32327

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME GABY, JULIE B.
STREET ADDRESS 208 ROLAND HARVEY ROAD
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE VD ☐ Delete
NAME UPDEGRAFF, CHARLES E.
STREET ADDRESS LOT 15 BLK O HUDSON HGT.
CITY-ST-ZIP CRAWFORDVILLE FL

TITLE D ☐ Delete
NAME GLOVER, LARRY
STREET ADDRESS E. IVAN ROAD
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE D ☐ Delete
NAME BARBREE, JOSEPH A.
STREET ADDRESS LOT 12 BLK F HUDSON HGT
CITY-ST-ZIP CRAWFORDVILLE FL

TITLE D ☐ Delete
NAME REVELL, MARIAN
STREET ADDRESS COTTONWOOD STREET
CITY-ST-ZIP CRAWFORDVILLE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 500004138545-6
STREET ADDRESS -05/07/01--01051--011
CITY-ST-ZIP *****61.25 *****61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE: Julie B. Gaby

CR2E037 (10/00)