

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 703905**

1. Entity Name

FIRST METHODIST CHURCH OF INDIANTOWN, INC.

Principal Place of Business

**15377 S.W. 150TH STREET
INDIANTOWN FL 34956**

Mailing Address

**15377 S.W. 150TH STREET
INDIANTOWN FL 34956**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2628046

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

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

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 \$61.259. 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 | C | <input type="checkbox"/> Delete |
| NAME | ROGERS, MALCOLM | |
| STREET ADDRESS | 1544 SW 19TH TERRACE | |
| CITY-ST-ZIP | OKEECHOBEE FL | |

| | | |
|----------------|---------------------------|--|
| TITLE | DT | <input checked="" type="checkbox"/> Delete |
| NAME | MILLER, NOEL | |
| STREET ADDRESS | 16507 TWO WOOD WAY | |
| CITY-ST-ZIP | INDIANTOWN FL | |

| | | |
|----------------|--------------------------|--|
| TITLE | D | <input checked="" 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 checked="" type="checkbox"/> Delete |
| NAME | SWAIN, ELSPETH | |
| STREET ADDRESS | 14551 SW DIVOT DRIVE | |
| CITY-ST-ZIP | INDIANTOWN FL | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|----------------------------|--|
| TITLE | D/T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LaVerne Holbrook | |
| STREET ADDRESS | 822 NE 29th Terrace | |
| CITY-ST-ZIP | Okeechobee FL 34972 | |

| | | |
|----------------|------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Russell Thaxter | |
| STREET ADDRESS | 15211 SW Trail Circle | |
| CITY-ST-ZIP | Indiantown FL 34956 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-----------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Dorothy Lupia | |
| STREET ADDRESS | 15956 SW Indianwood Circle | |
| CITY-ST-ZIP | Indiantown FL 34956 | |

| | | |
|----------------|--|---|
| 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:*LaVerne Holbrook***Jan 27, 2002**

Date

863-467-1198

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE