

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734149

1. Entity Name

GEORGIANA UNITED METHODIST CHURCH, INC.

Principal Place of Business

3925 S. TROPICAL TRAIL
MERRITT ISLAND FL 32952
US

Mailing Address

3925 S. TROPICAL TRAIL
MERRITT ISLAND FL 32952
US

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

59-2113927

Applied For

Not Applicable

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

Jay-Moynahan

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

100 Parnell Street

City

Merritt Island

FL

Zip Code
32953

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

John H. "Jay" Moynahan Jr.

10 April 2002

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 ~~TRC~~ ☐ Delete
NAME ~~ATKINSON, JOHN~~
STREET ADDRESS ~~3925 WILD PINE~~
CITY-ST-ZIP ~~MERRITT ISLAND FL 32952~~

T ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~T~~ ☐ Delete
NAME ~~BROKAW, JERRY~~
STREET ADDRESS ~~1313 SHADY LANE~~
CITY-ST-ZIP ~~MERRITT ISLAND FL 32952~~

T ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~T~~ ☐ Delete
NAME ~~RAMON, MEA B~~
STREET ADDRESS ~~2350 PINEAPPLE PL~~
CITY-ST-ZIP ~~MERRITT ISLAND FL 32952~~

T ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~TR~~ ☐ Delete
NAME ~~THIRWELL, MARK~~
STREET ADDRESS ~~AD55 OLD SETTLEMENT ROAD~~
CITY-ST-ZIP ~~MERRITT ISLAND FL 32952~~

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

TITLE ~~VCS~~ ☐ Delete
NAME ~~OWENS, LESLIE~~
STREET ADDRESS ~~1070 SHADY LANE~~
CITY-ST-ZIP ~~MERRITT ISLAND FL 32952~~

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

TITLE ~~T~~ ☐ Delete
NAME ~~WILEY, WARREN~~
STREET ADDRESS ~~4225 OVERHILL DRIVE~~
CITY-ST-ZIP ~~MERRITT ISLAND FL 32952~~

☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John H. "Jay" Moynahan Jr., Chair, Trustees 10 Apr 02

Date

Daytime Phone #

321-449-9501

CR2E037 (9/01)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90893 049 ****61.25



DO NOT WRITE IN THIS SPACE