

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700773

1. Entity Name

FOREST PARK METHODIST CHURCH, INC.

Principal Place of Business

1401 WEST 23RD STREET
PANAMA CITY FL 32405

Mailing Address

1401 WEST 23RD STREET
PANAMA CITY FL 32405

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

59-1272374

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, KENNETH R. R
1401 W. 23RD ST.
PANAMA CITY FL 32405

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

T
NAME GRIFFITH, HERBERT J
STREET ADDRESS 2317 MOUND AVE.
CITY-ST-ZIP PANAMA CITY FL 32405 ☐ Delete

D
NAME ADELAIDE, BRUMBACK
STREET ADDRESS 3172 WOOD VALLEY RD.
CITY-ST-ZIP PANAMA CITY FL ☐ Delete

D
NAME ROBBINS, JOHN
STREET ADDRESS 2332 FOXWORTH
CITY-ST-ZIP PANAMA CITY FL ☐ Delete

P
NAME HAMRICK, JOE
STREET ADDRESS 712 DRIFTWOOD LANE
CITY-ST-ZIP LYNN HAVEN FL ☐ Delete

D
NAME SEABORN, PAT
STREET ADDRESS 1201 BREANAU TERRACE
CITY-ST-ZIP PANAMA CITY FL ☐ Delete

VP
NAME KLINGER, JERRY
STREET ADDRESS 3027 JENKS AVE.
CITY-ST-ZIP PANAMA CITY FL ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

HERBERT J. GRIFFITH

Date

Daytime Phone #

01/09/01 8507856296

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90007 039 *****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)