

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90022 045 ****61.25

DOCUMENT # 701019

1. Entity Name

FIRST METHODIST CHURCH OF SAFETY HARBOR, INC.

Principal Place of Business

Mailing Address

401-SECOND ST. N.
 SAFETY HARBOR FL 34695

401-SECOND ST. N.
 SAFETY HARBOR FL 34695-3615



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

59-1873476

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

AGIN, BARBARA
401 2ND STREET NORTH
SAFETY AHRBOR FL 34695

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	CP	<input type="checkbox"/> Delete
NAME	AGIN, JOHN R	
STREET ADDRESS	1912 NORTHFORK CIR	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LAIRD, RICHARD A	
STREET ADDRESS	880 3 ST S.	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	T	<input type="checkbox"/> Delete
NAME	AGIN, BARBARA	
STREET ADDRESS	1912 NORTHFORK CIR.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CONNOR, LOU	
STREET ADDRESS	1708 CYPRESS TRACE DR	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMALL, MARILYN	
STREET ADDRESS	1830 VENETIAN PT. DR.	
CITY-ST-ZIP	CLEARWATER FL 33755	
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
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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:

John R. Agin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/00
 Date

727-531-3197
 Daytime Phone #

CR2E037 (9/99)