

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90064 049 ****70.00

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1. Entity Name

**FIRST UNITED METHODIST CHURCH OF PORT ST. LUCIE,
INC.**



Principal Place of Business

**260 SW PRIMA VISTA BLVD.
PORT ST LUCIE FL 34983**

Mailing Address

**260 SW PRIMA VISTA BLVD.
PORT ST LUCIE FL 34983**

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 **59-0954425**

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

**DOLAN, GLADYS
260 SW PRIMA VISTA BLVD.
PORT ST. LUCIE FL 34983**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Gladys Dolan

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/3/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T
NAME STANNIS, DAWN ☐ Delete
STREET ADDRESS 260 SW PRIMA VISTA BLVD
CITY-ST-ZIP PORT ST LUCIE FL 34983

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

VP
NAME HUFF, BRUCE ☒ Delete
STREET ADDRESS 260 SW PRIMA VISTA BLVD
CITY-ST-ZIP PORT ST LUCIE FL 34983

☐ Change ☒ Addition
TITLE VP
NAME WILLIAMS, STANLEY
STREET ADDRESS 3408 SE HART CIR
CITY-ST-ZIP PORT ST LUCIE FL 34984

PD
NAME PREUSCHL, MICHAEL ☐ Delete
STREET ADDRESS 260 S.W. PRIMA VISTA BLVD
CITY-ST-ZIP PORT ST LUCIE FL 34983

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

DM
NAME DOLAN, GLADYS ☐ Delete
STREET ADDRESS 260 SW PRIMA VISTA BLVD
CITY-ST-ZIP PORT ST LUCIE FL 34983

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

☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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☐ Change ☐ Addition
TITLE
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:

Gladys Dolan

2/3/03 772878-1155

CR2E037 (10/02)