

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702589

1. Entity Name

FIRST UNITED METHODIST CHURCH OF TITUSVILLE, INC

Principal Place of Business

FIRST UNITED METYHODIST
206 S HOPKINS AV
TITUSVILLE FL 32796
US

Mailing Address

FIRST UNITED METYHODIST
206 S HOPKINS AV
TITUSVILLE FL 32796
US

2. Principal Place of Business

First United Methodist

Suite, Apt. #, etc.

206 S. Hopkins Ave.

City & State

Titusville, FL 32796

Zip

32796

Country

USA

3. Mailing Address

First United Methodist

Suite, Apt. #, etc.

206 S. Hopkins Ave.

City & State

Titusville, FL 32796

Zip

32796

Country

USA

6. Name and Address of Current Registered Agent

BARNHART, DIANA
3645 BARNA AVE APT 28F
TITUSVILLE FL 32780

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)

1/22/02

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

TITLE	DT	<input type="checkbox"/> Delete
NAME	BARNHART, DIANE	
STREET ADDRESS	PO BOX 6415	
CITY-ST-ZIP	TITUSVILLE FL 32782	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STEPHENS, JOHN	
STREET ADDRESS	459 GUAVA AVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	SMITH, JACKIE	
STREET ADDRESS	4710 LONGBOW DR	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCLESTER, KELLEY	
STREET ADDRESS	1430 CREST AVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	V	<input type="checkbox"/> Delete
NAME	STYLES, DIANE	
STREET ADDRESS	4211 LONGBOW DR	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOPKINS, MARY	
STREET ADDRESS	1255 WAR EAGLE BLVD	
CITY-ST-ZIP	TITUSVILLE FL 32796	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Diana Barnhart	
STREET ADDRESS	PO BOX 6415	
CITY-ST-ZIP	Titusville, FL 32782	
TITLE	VPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Wilson	
STREET ADDRESS	2925 Jasmine St.	
CITY-ST-ZIP	Titusville, FL 32796	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark Smith	
STREET ADDRESS	211 Bailey Ave.	
CITY-ST-ZIP	Titusville, FL 32796	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kurt Earlenbach	
STREET ADDRESS	3640 Rose Haven R1	
CITY-ST-ZIP	Tituville, FL 32796	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/02

Date

Daytime Phone #

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90203 001 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1084415 Applied For Not Applicable

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

CR2E037 (9/01)