

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

FILED
Feb 26, 2003 8:00 am
Secretary of State

01-24-2003 90076 024 ****70.00

DOCUMENT # 702589

1. Entity Name

FIRST UNITED METHODIST CHURCH OF TITUSVILLE, INC



Principal Place of Business

**FIRST UNITED METHODIST
206 S HOPKINS AV
TITUSVILLE FL 32796
US**

Mailing Address

**FIRST UNITED METHODIST
206 S HOPKINS AV
TITUSVILLE FL 32796
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1084415**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARNHART, DIANA
3845 BARNA AVE APT 28F
TITUSVILLE FL 32780**

7. Name and Address of New Registered Agent

Name **John Stephens**
Street Address (P.O. Box Number is Not Acceptable)
459 Gauva Ave.
City **Titusville** FL Zip Code **32780**

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 *John P. Stephens*

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

(NOTE: Registered Agent signature required when re-registering)

1/17/03
DATE

FILE NOW: FEE IS \$81.25

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

TITLE	P	☒ Delete
NAME	BARNHART, DIANE	
STREET ADDRESS	PO BOX 6415	
CITY-ST-ZIP	TITUSVILLE FL 32782	
TITLE	ST	☐ Delete
NAME	STEPHENS, JOHN	
STREET ADDRESS	459 GUAVA AVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	VPT	☒ Delete
NAME	SMITH, JACKIE	
STREET ADDRESS	4710 LONGBOW DR	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	T	☐ Delete
NAME	MCLESTER, KELLEY	
STREET ADDRESS	1430 CREST AVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	V	☒ Delete
NAME	STYLES, DIANE	
STREET ADDRESS	4211 LONGBOW DR	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	T	☒ 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	☒ Change ☐ Addition
NAME	John Stephens	
STREET ADDRESS	459 Gauva Ave.	
CITY-ST-ZIP	Titusville, FL 32796	
TITLE	VP	☐ Change ☒ Addition
NAME	Richard Cherry	
STREET ADDRESS	3064 Knox McRea Dr.	
CITY-ST-ZIP	Titusville, FL 32780	
TITLE	S	☐ Change ☒ Addition
NAME	Richard Wilson	
STREET ADDRESS	2925 Jasmine St.	
CITY-ST-ZIP	Titusville, FL 32796	
TITLE	T	☐ Change ☒ Addition
NAME	Lois Queen	
STREET ADDRESS	3085 Saunders Pl	
CITY-ST-ZIP	Titusville, FL 32796	
TITLE	T	☐ Change ☒ Addition
NAME	James Winn	
STREET ADDRESS	1120 Sand Pine Cr.	
CITY-ST-ZIP	Titusville, FL 32796	
TITLE	T	☐ Change ☒ Addition
NAME	William Kennedy	
STREET ADDRESS	4240 Tiwa Ln	
CITY-ST-ZIP	Titusville, FL 32796	

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 or without other like empowered.

SIGNATURE:

John P. Stephens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/03 321 267-2600
Date Daytime Phone #

CR2037 (10/02)