

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703175

1. Entity Name

THE DELAND DISTRICT BOARD OF MISSIONS OF THE UNITED METHODIST CHURCH, INC.

Principal Place of Business

303 E. KENTUCKY AVENUE
DELAND FL 32724

Mailing Address

303 E. KENTUCKY AVENUE
DELAND FL 32724-2477

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

59-2252935

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

BOEHM, RICHARD
435 S RIDGEWOOD AVE
BOX 6511 (32122)
DAYTONA BEACH FL 32114

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 C ☐ Delete
NAME CRABILL, ROBERT
STREET ADDRESS 191 WESTHAMPTON DR
CITY-ST-ZIP PALM COAST FL 32164

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

TITLE D ☐ Delete
NAME DUNCAN, MONFORT C J
STREET ADDRESS 303 E. KENTUCKY AVENUE
CITY-ST-ZIP DELAND FL 32724

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

TITLE S ☐ Delete
NAME CHAPMAN, ROBERT
STREET ADDRESS 121 W DELAWARE AVE
CITY-ST-ZIP LAKELAND FL 32744

TITLE S ☒ Change ☐ Addition
NAME CHAPMAN, ROBERT
STREET ADDRESS 349 HICKORY HILL PLACE
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE D ☐ Delete
NAME GREEN, COLLACE
STREET ADDRESS 13 CHOCTAW TERRACE
CITY-ST-ZIP ORMOND BEACH FL 32174

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

TITLE D ☐ Delete
NAME MCQUEEN, S. DWIGHT JR
STREET ADDRESS 203 HERADA ST
CITY-ST-ZIP ST AUGUSTINE FL 32174

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

TITLE T ☐ Delete
NAME SMITH, DANA
STREET ADDRESS 5 ARCH ANGEL
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90107 038 ****61.25



DO NOT WRITE IN THIS SPACE

3/1/00 904-734-1057