2001 UNIFORM BUSINESS REPORT (UBR)

May 16, 2001 8:00 am[§] Secretary of State DOCUMENT # 703490 1. Entity Name 05-16-2001 90051 030 ****61.25 FIRST UNITED METHODIST CHURCH OF POMPANO BEACH, Principal Place of Business Mailing Address 210 N.E. 3RD STREET 210 N.E. 3RD STREET 655271 POMPANO BEACH FL 33060-3651 POMPANO BEACH FL 33060-3651 2. Principal Place of Business 3. Mailing Address - Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-0718496 Not Applicable Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WILLIAMS, JAMES M 1701 E. ATLANTIC BLVD. SUITE 4 Zip Code City POMPANO BEACH FL 33060 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing FILE NOW: **\$5.00** May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. D DST Delete TITLE Change Addition NAME LEE, SANDRA NAME Alice Fisher STREET ADDRESS STREET ADDRESS 311 NW 42ND CT, #206 2651 Palm Aire Dr. Apt#301 CITY-ST-ZIP CITY-ST-7IP POMPANO BEACH FL 33064 Pompano Bch, F1. 33069 Change Addition TITLE ☐ Delete TITLE GREENALL, COLIN NAME NAME Beswick, Renay STREET ADDRESS 1360 SW 4 TERRACE STREET ADDRESS 2501 NE 4th Street CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33060 Pompano Bch, Fl. 33060 VCD ☐ Delete TITLE Change X Addition TITLE STEWART, JACK NAME NAME Taylor, Mark STREET ADDRESS 5790 SW 5 ST STREET ADDRESS 10 SE 15th Ave. CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL Pompano Beach, Fl. 33060 X Addition ☐ Delete TITLE TITLE Change Change Barry, Stephanie 1374 SW 4th Terr. <u>Barr, Jerry</u> NAME NAME STREET ADDRESS STREET ADDRESS 211 SW 17 ST CITY-ST-ZIP CITY-ST-ZIP Pompano Bch, Fl. 33060 POMPANO BEACH FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE JOHNSON, GAIL NAME NAME STREET ADDRÉSS 611 NE 2 STREET STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33062 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME ENGLE, STEVE NAME STREET ADDRESS STREET ADDRESS 1136 NE 2ND ST CITY-ST-7/P CITY-ST-ZIP POMPANO BCH FL 33060

FILED

SIGNATURE: James Continued and address, with all other like empowered 4/23/0/ 954/941-2440

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 £17, Florida Statutes; and that my name appears in Block 10 or Block 11 if