

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90438 014 ****61.25

0018762

DOCUMENT # 703490
 1. Entity Name
FIRST UNITED METHODIST CHURCH OF POMPANO BEACH, INC.

Principal Place of Business 210 N.E. 3RD STREET POMPANO BEACH FL 33060-3651	Mailing Address 210 N.E. 3RD STREET POMPANO BEACH FL 33060-3651
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number **59-0718496** Applied For Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
WILLIAMS, JAMES M
1701 E. ATLANTIC BLVD.
SUITE 4
POMPANO BEACH FL 33060

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]*
 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FISHER, ALICE	
STREET ADDRESS	2651 PALM AIRE DRIVE #301	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREENALL, COLIN	
STREET ADDRESS	1360 SW 4 TERRACE	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	CD	<input type="checkbox"/> Delete
NAME	STEWART, JACK	
STREET ADDRESS	5790 SW 5 ST	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARR, JERRY	
STREET ADDRESS	211 SW 17 ST	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, GAIL	
STREET ADDRESS	611 NE 2 STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	D	<input type="checkbox"/> Delete
NAME	ENGLE, STEVE	
STREET ADDRESS	1136 NE 2ND ST	
CITY-ST-ZIP	POMPANO BCH FL 33060	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott Allen	
STREET ADDRESS	405NE 5th Ave.	
CITY-ST-ZIP	Pomp Bch, FL 33060	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Parkin	
STREET ADDRESS	3212 NE 5th Ct	
CITY-ST-ZIP	Pomp Bch, FL 33062	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark Taylor	
STREET ADDRESS	10 SE 15th Ave	
CITY-ST-ZIP	Pomp Bch, FL 33060	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paula Portch	
STREET ADDRESS	9135 SW 1st Place	
CITY-ST-ZIP	Boca Raton, FL 33428	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lenny Jones	
STREET ADDRESS	8331 NW 20th Ct.	
CITY-ST-ZIP	Sunrise, FL 33322	

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]* **SIGNATURE REQUIRED** 4-1-02 954-583-5067

CR2E037 (9/01)