

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90371 033 *****61.25

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DOCUMENT # 703537

1. Entity Name

FIRST UNITED METHODIST CHURCH OF PORT ORANGE, IN

Principal Place of Business

**305 DUNLAWTON AVE.
 PORT ORANGE FL 32127-4457**

Mailing Address

**305 DUNLAWTON AVE.
 PORT ORANGE FL 32127-4457**

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

59-0974343

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PADGETT, GLENN R.
 10 AVIATOR WAY
 ORMOND BCH FL 32174**

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)

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 NAME STREET ADDRESS CITY-ST-ZIP	T CARR, CARL 920 4TH ST. PORT ORANGE FL 32119-3212	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REEVES, JANE 6004 PARK RIDGE DR PORT ORANGE FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TC MUNSON, R.S. 1303 OSPREY NEST LN DAYTONA BCH FL 32124	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee E.J. Ruiter P.O. Box 291106 Port Orange, FL 32129-1106	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Judy Ogden 760 Kenowood Drive Port Orange, FL 32119-7793	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 Required

5-8/01

CR2E037 (10/00)