

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90242 049 ****61.25

DOCUMENT # 703537

1. Entity Name

**FIRST UNITED METHODIST CHURCH OF PORT ORANGE, IN
C.**

Principal Place of Business

Mailing Address

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

4. FEI Number
59-0974343Applied For
Not Applicable

Zip

Country

Zip

Country

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

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 \$61.259. 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 ☐ Delete
NAME **CARR, CARL**
STREET ADDRESS **920 4TH ST.**
CITY-ST-ZIP **PORT ORANGE FL 32119-3212**☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **RUITER, E J**
STREET ADDRESS **PO BOX 291106**
CITY-ST-ZIP **PORT ORANGE FL 32129-1106**☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **OGDEN, JUDY**
STREET ADDRESS **760 KENOWOOD DRIVE**
CITY-ST-ZIP **PORT ORANGE FL 32119-7793**☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition
TITLE
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/18/02

(386) 767-6511

CR2E037 (9/01)