

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90133 036 ****70.00

DOCUMENT # 703808

1. Entity Name

FIRST UNITED METHODIST CHURCH OF ORLANDO, INC.



Principal Place of Business

**142 E JACKSON ST
ORLANDO FL 32801**

Mailing Address

**142 E JACKSON ST
ORLANDO FL 32801**

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 **59-0725542**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SAUNDERS, MICHAEL J
142 E. JACKSON ST.
ORLANDO FL 32801**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SCHWARTZ, REN	
STREET ADDRESS	142 E. JACKSON STREET	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	SB	<input checked="" type="checkbox"/> Delete
NAME	MITCHELL, CHARLES	
STREET ADDRESS	142 E JACKSON ST.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PERKINS, MICHAEL	
STREET ADDRESS	142 E JACKSON ST.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIRK, GLENN	
STREET ADDRESS	142 E JACKSON ST.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WAY, JACKIE	
STREET ADDRESS	142 E JACKSON ST.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROBERTSON, JOE	
STREET ADDRESS	142 E JACKSON ST	
CITY-ST-ZIP	ORLANDO FL 32801	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Becht, Beth	
STREET ADDRESS	142 E. Jackson Street	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cepull, Ed	
STREET ADDRESS	142 E. Jackson Street	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Molly Lagatta	
STREET ADDRESS	142 E. Jackson Street	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pattillo, John	
STREET ADDRESS	142 E. Jackson Street	
CITY-ST-ZIP	Orlando, FL 32801	

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

4-29-03

CR2E037 (10/02)