

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703905

1. Entity Name

FIRST METHODIST CHURCH OF INDIANTOWN, INC.

Principal Place of Business

15377 S.W. 150TH STREET
INDIANTOWN FL 34956

Mailing Address

15377 S.W. 150TH STREET
INDIANTOWN FL 34956

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2628046

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONLEY, CONSTANCE
15886 SW 151 ST
INDIANTOWN FL 34956

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ROGERS, MALCOLM 1544 SW 19TH TERRACE OKEECHOBEE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MILLER, NOEL 16507 TWO WOOD WAY INDIANTOWN FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARGENT, GERALD 15111 SW TRAIL CT INDIANTOWN FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRINSON, KATHERINE 15448 SW 150TH ST INDIANTOWN FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWAIN, ELSPEETH 14551 SW DIVOT DRIVE INDIANTOWN FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T LaVerne Holbrook 822 NE 29th Terrace Okeechobee FL 34972	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Russell Thaxter 15211 SW Trail Circle Indiantown FL 34956	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dorothy Lupia 15956 SW Indianwood Circle Indiantown FL 34956	☒ 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:

LaVerne Holbrook
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 27, 2002

Date

863-467-1198

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE