2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED **DOCUMENT # 707166** Aug 02, 2000 8:00 am Secretary of State 1. Entity Name DRUID HILLS METHODIST CHURCH INC 08-02-2000 90153 018 ****61.25 Principal Place of Business Mailing Address 1712 SOUTHEAST LAKE WEIR ROAD 1712 SOUTHEAST LAKE WEIR ROAD OCALA FL 32671 **OCALA FL 34471** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1104459 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) RICHARDS, BILL 3845 SW GTH AVE 16015W 27th Que . # 2408 OCALA FL 34474 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State After September 13, 2000 min. will be \$236.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TRUSTEE ☐ Delete Change TITI F TITLE WILLIAM PITTS BRUCHU, JANELLE NAME NAME 5135 NE GYTHAUE. STREET ADDRESS 3220 SE 21ST AVE STREET ADDRESS SILVER SPRINGS, FL CITY-ST-ZIP 34488 CITY-ST-ZIP OCALA FL 34471 Change Detete TITLE TRUSTEE FRAN LONG BATLIN, JOHN NAME NAME 5082 SE 24TH ST. STREET ADDRESS 1108 SE 16TH STREET STREET ADDRESS CITY-ST-ZIP OCALA FL CITY-ST-ZIP OCALA FL 34471 Change ☐ Addition. . Delete TITLE T/D/E MCIVER, MAC NAME NAME STREET ADDRESS 2901 SW 41ST ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34474 T Chairman Addition TITLE ☐ Defete TITLE ☐ Change RICHARDS, BILL NAME NAME 8845 8W-OTH AVE 1601 S.W. 27th ave #2408 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34474 ■ Addition TITLE TITLE ☐ Change Delete NAME NAME LEIGHTON, RANDY STREET ADDRESS STREET ADDRESS 6698 SW 155TH ST CITY-ST-ZIP CITY-ST-ZIP **DUNNELLON FL 34432** ☐ Change ☐ Addition TITLE Delete TITLE SPARKMAN, ELIZABETH NAME NAME STREET ADDRESS STREET ADDRESS 3561 SE 38TH ST CITY-ST-ZIP CITY-ST-7IP OCALA FL 34480 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.