

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90017 014 ****61.25

0078662

DOCUMENT # 707166

1. Entity Name

DRUID HILLS METHODIST CHURCH INC

Principal Place of Business

1712 SOUTHEAST LAKE WEIR ROAD
 Ocala FL ~~32077~~

Mailing Address

1712 SOUTHEAST LAKE WEIR ROAD
 Ocala FL 34471
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1104459

Applied For

Not Applicable

Zip

34471

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RICHARDS, BILL
1601 SW 27TH AVE #2408
OCALA FL 34474

7. Name and Address of New Registered Agent

Name **John Norman**
 Street Address (P.O. Box Number is Not Acceptable)
2319 SE 39 St
 City **Ocala** FL Zip Code **34480**

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 *John C Norman* **Chairman of Trustees** **3-16-2001**
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	D	<input checked="" type="checkbox"/> Delete
NAME	BRUCHU, JANELLE	
STREET ADDRESS	3220 SE 21ST AVE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	T	<input type="checkbox"/> Delete
NAME	PITTS, WILLIAM	
STREET ADDRESS	5135 NE 64TH AVE	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LONG, FRAN	
STREET ADDRESS	5082 SW 26TH ST	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RICHARDS, BILL	
STREET ADDRESS	1601 SW 27TH AVE #2408	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LEIGHTON, RANDY	
STREET ADDRESS	6698 SW 155TH ST	
CITY-ST-ZIP	DUNNELLON FL 34432	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SPARKMAN, ELIZABETH	
STREET ADDRESS	3561 SE 38TH ST	
CITY-ST-ZIP	OCALA FL 34480	

TITLE	C/P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORMAN, John	
STREET ADDRESS	2319 SE 39 Street	
CITY-ST-ZIP	Ocala FL 34480	
TITLE	SPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPS	Title
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DRUDY-RICHARDSON	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRUDY-RICHARDSON	
STREET ADDRESS	4750 SW 151 Pl	
CITY-ST-ZIP	Ocala FL 34473	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARLENE McMURREZ	
STREET ADDRESS	140 SW 70th St McMurrez	
CITY-ST-ZIP	Ocala FL 34476	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pete Shipe	
STREET ADDRESS	3880 SE 62 St	
CITY-ST-ZIP	Ocala FL 34480	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lucy Williams	
STREET ADDRESS	5330 S Magnolia Ave	
CITY-ST-ZIP	Ocala FL 34474	

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: *John C Norman* **John C Norman** **3-16-01** **352402518**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)