

2002 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 06, 2002 8:00 am
Secretary of State

05-12-2002 90626 019 ****61.25

DOCUMENT # 707166

1. Entity Name

DRUID HILLS METHODIST CHURCH INC

Principal Place of Business

Mailing Address

1712 SOUTHEAST LAKE WEIR ROAD
 OCALA FL 34471

1712 SOUTHEAST LAKE WEIR ROAD
 OCALA FL 34471
 US

91781



DO NOT WRITE IN THIS SPACE

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

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

NORMAN, JOHN
2319 SE 39 ST
OCALA FL 34480

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

John C Norman *John C Norman* *Apr 1 / 16 2002*

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	CD T	<input type="checkbox"/> Delete
NAME	NORMAN, JOHN	
STREET ADDRESS	2319 SE 39 STREET	
CITY-ST-ZIP	OCALA FL 34480	
TITLE	S T	<input type="checkbox"/> Delete
NAME	PITTS, WILLIAM	
STREET ADDRESS	5135 NE 64TH AVE	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	
TITLE	S T	<input type="checkbox"/> Delete
NAME	RICHARDSON, RUDY	
STREET ADDRESS	4750 SW 151 PL	
CITY-ST-ZIP	OCALA FL 34473	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCMURRER, MARLENE	
STREET ADDRESS	140 SW 70TH ST	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHIPE, PETE	
STREET ADDRESS	3880 SE 62ST	
CITY-ST-ZIP	OCALA FL 34480	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, LUCY	
STREET ADDRESS	5330 S MAGNOLIA AVE	
CITY-ST-ZIP	OCALA FL 34474	

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HINKEL, DORIS	
STREET ADDRESS	5385 SW 81ST STREET	
CITY-ST-ZIP	OCALA, FL 34476	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUNLEY, DAVE	
STREET ADDRESS	43 REDWOOD TRACK RUN	
CITY-ST-ZIP	OCALA, FL 34472	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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, or all other title empowered.

SIGNATURE

John C Norman *John C Norman* *4/16/02* *402-5185*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #