

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

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90210 034 ****61.25

DOCUMENT # 707166

1. Entity Name
DRUID HILLS METHODIST CHURCH INC



Principal Place of Business
**1712 SOUTHEAST LAKE WEIR ROAD
OCALA FL 34471**

Mailing Address
**1712 SOUTHEAST LAKE WEIR ROAD
OCALA FL 34471
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-1104459** 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

**NORMAN, JOHN
2319 SE 39 ST
OCALA FL 34480**

7. Name and Address of New Registered Agent

Name
FRANK FISCHKELTA

Street Address (P.O. Box Number is Not Acceptable)
707 SE 24TH ST.

City
OCALA FL Zip Code
34471

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 *Frank Fischkelta* **FRANK FISCHKELTA** 2-12-2003
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	CD <input type="checkbox"/> Delete
NAME	NORMAN, JOHN
STREET ADDRESS	2319 SE 39 STREET
CITY-ST-ZIP	OCALA FL 34480
TITLE	S <input type="checkbox"/> Delete
NAME	PITTS, WILLIAM
STREET ADDRESS	5135 NE 64TH AVE
CITY-ST-ZIP	SILVER SPRINGS FL 34488
TITLE	D <input type="checkbox"/> Delete
NAME	RICHARDSON, RUDY
STREET ADDRESS	4750 SW 151 PL
CITY-ST-ZIP	OCALA FL 34473
TITLE	XXX <input type="checkbox"/> Delete
NAME	HINKEL, DORIS
STREET ADDRESS	5385 SW 81ST STREET
CITY-ST-ZIP	OCALA FL 34476
TITLE	D <input type="checkbox"/> Delete
NAME	HUNLEY, DAVE
STREET ADDRESS	43 REDWOOD TRACK RUN
CITY-ST-ZIP	OCALA FL 34472
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK FISCHKELTA
STREET ADDRESS	707 SE 24TH ST.
CITY-ST-ZIP	OCALA, FL. 34471
TITLE	VC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOB CORNEY
STREET ADDRESS	5696 NW 25TH LOOP
CITY-ST-ZIP	OCALA, FL. 34482
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSSELL STEIN
STREET ADDRESS	2930 SE LAKE WEIR RD.
CITY-ST-ZIP	OCALA, FL. 34471
TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORIS HINKEL
STREET ADDRESS	5385 SW 81ST, ST.
CITY-ST-ZIP	OCALA, FL. 34476
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRAN LONG
STREET ADDRESS	3082 SE 26TH CT.
CITY-ST-ZIP	OCALA, FL. 34471
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Frank Fischkelta* **FRANK FISCHKELTA** 4-9-03 (352) 620-0684

CR2E037 (10/02)