

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90050 027 ****61.25

DOCUMENT # 707476

1. Entity Name

THE FIRST UNITED METHODIST CHURCH OF DUNEDIN, INC.

Principal Place of Business

Mailing Address

421 MAIN ST.
 DUNEDIN FL 34698

421 MAIN ST.
 DUNEDIN FL 34698

2. Principal Place of Business

3. Mailing Address

Suite, Apt.#, etc.

Suite, Apt.#, etc.

City & State

City & State

4. FEI Number

59-0725536

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MAWHINNEY, MARGARET, N.
 2330 LAKESHORE DRIVE
 CLEARWATER FL 33519

Name John Torngsa

Street Address (P.O. Box Number is Not Acceptable)
1901 Saddle Hill Rd N.

City Dunedin FL Zip Code 34698

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 Torngsa

John Torngsa

3/8/02

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 TC Delete
 NAME DAVIS, WILLIAM M
 STREET ADDRESS 1998 BRAE MOOR DR
 CITY-ST-ZIP DUNEDIN FL 34698

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TC Delete
 NAME MCCLUNG, MARIE
 STREET ADDRESS 1742 HICKORY GATE DR S
 CITY-ST-ZIP DUNEDIN FL 34698

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TC Delete
 NAME MATTHEWS, RICHARD W
 STREET ADDRESS 2455 INDIAN TRAILS E
 CITY-ST-ZIP PALM HARBOR FL 34683

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME Ralph Jordan
 STREET ADDRESS 1996 Orange Ct.
 CITY-ST-ZIP Dunedin FL 34698

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)