

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707941

1. Entity Name

THE FIRST UNITED METHODIST CHURCH OF NICEVILLE.

Principal Place of Business

Mailing Address

214 PARTIN DRIVE
NICEVILLE FL 32578

P.O. BOX 278
NICEVILLE FL 32588-0278
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6495957

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

FULTS, JIM
214 PARTIN DRIVE
NICEVILLE FL 32578

Name

Dave Weaver

Street Address (P.O. Box Number is Not Acceptable)

214 S. Partin Drive

City

Niceville

FL

Zip Code

32578

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

David C. Weaver

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 ☐ Delete
NAME RICHBURG, ROBERT
STREET ADDRESS 223 YACHT CLUB DR
CITY-ST-ZIP NICEVILLE FL

TITLE D ☐ Change ☒ Addition
NAME Jim Coville
STREET ADDRESS 649 Caribbean Way
CITY-ST-ZIP Niceville FL 32578

TITLE D ☐ Delete
NAME VAN DYKE, NANCY
STREET ADDRESS 1056 LAKE WAY DR
CITY-ST-ZIP NICEVILLE FL

TITLE D ☐ Change ☒ Addition
NAME Jerry Spence
STREET ADDRESS 153 Edge Avenue
CITY-ST-ZIP Valparaiso FL 32580

TITLE PD ☐ Delete
NAME FULTS, JIM
STREET ADDRESS 2819 EDGEWATER DR.
CITY-ST-ZIP NICEVILLE FL

TITLE D ☐ Change ☒ Addition
NAME Nell Sexton
STREET ADDRESS 1610 Moore Street
CITY-ST-ZIP Niceville FL 32578

TITLE D ☒ Delete
NAME DEARMAN, GLORIA JEAN
STREET ADDRESS 2427 EDGEWATER DR.
CITY-ST-ZIP NICEVILLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WEAVER, DAVID C
STREET ADDRESS 1591 RUCKEL DR
CITY-ST-ZIP NICEVILLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MEIGS, JANE
STREET ADDRESS 1315 BAYSHORE DR.
CITY-ST-ZIP NICEVILLE FL

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 #

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90003 022 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)