

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707941

1. Entity Name

THE FIRST UNITED METHODIST CHURCH OF NICEVILLE,

Principal Place of Business

214 PARTIN DRIVE
NICEVILLE FL 32578

Mailing Address

P.O. BOX 278
NICEVILLE FL 32588
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6495957

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FULTS, JIM
214 PARTIN DRIVE
NICEVILLE FL 32578

7. Name and Address of New Registered Agent

Name

David C. Weaver

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

1591 Ruckel Drive

City

Niceville FL 32578

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

David C. Weaver

April 23, 2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE D
NAME William Steven Angelos
STREET ADDRESS 1200 N. Lakeshore Drive
CITY-ST-ZIP Niceville FL 32578 ☐ Change ☒ Addition

TITLE D
NAME John Macon
STREET ADDRESS 2849 Edgewater Drive
CITY-ST-ZIP Niceville FL 32578 ☐ Change ☒ Addition

TITLE D
NAME John T. Marshall Jr.
STREET ADDRESS 711 Putter Drive
CITY-ST-ZIP Niceville FL 32578 ☐ Change ☒ Addition

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

4/24/01

678-4411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)