

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90042 012 ****61.25

DOCUMENT # 707941

1. Entity Name

**THE FIRST UNITED METHODIST CHURCH OF NICEVILLE,
FLORIDA, INC.**

Principal Place of Business

Mailing Address

**214 PARTIN DRIVE
NICEVILLE FL 32578**

**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

7. Name and Address of New Registered Agent

**WEAVER, DAVID C
1591 RUCKEL DRIVE
NICEVILLE FL 32578**

Name

William S. Angelos

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

1200 N. Lakeshore 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

William S. Angelos

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

3-28-02

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	<input checked="" type="checkbox"/> Delete
NAME	COVILLE, JIM	
STREET ADDRESS	649 CARIBBEAN WAY	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPENCE, JERRY	
STREET ADDRESS	153 EDGE AVENUE	
CITY-ST-ZIP	VALPARAISO FL 32580	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FULTS, JIM	
STREET ADDRESS	2819 EDGEWATER DR	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SEXTON, NELL	
STREET ADDRESS	1610 MOORE STREET	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEAVER, DAVID C	
STREET ADDRESS	1591 RUCKEL DR	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MEIGS, JANE	
STREET ADDRESS	1315 BAYSHORE DR	
CITY-ST-ZIP	NICEVILLE FL 32578	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Macon, John	
STREET ADDRESS	2849 Edgewater Drive	
CITY-ST-ZIP	Niceville FL 32578	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John T. Marshall	
STREET ADDRESS	711 Putter Drive	
CITY-ST-ZIP	Niceville FL 32578	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sue Anne Crosson	
STREET ADDRESS	359 Sharon Drive	
CITY-ST-ZIP	Niceville FL 32578	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ann Porter	
STREET ADDRESS	409 Evans Road	
CITY-ST-ZIP	Niceville FL 32578	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cozette Drake	
STREET ADDRESS	1595 Ruckel Drive	
CITY-ST-ZIP	Niceville FL 32578	
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:

William S. Angelos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 28, 2002

Date

850 678 4411

Daytime Phone #

CR2E037 (9/01)