

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

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90083 023 \*\*\*\*61.25

0070055

**DOCUMENT # 707941**

1. Entity Name

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



Principal Place of Business

**214 PARTIN DRIVE  
NICEVILLE FL 32578**

Mailing Address

**P.O. BOX 278  
NICEVILLE FL 32588  
US**



☐ CHECK HERE IF MAKING CHANGES

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

**ANGELOS, WILLIAM S  
1200 NORTH LAKESHORE DRIVE  
NICEVILLE FL 32578**

Name

**Mary R. Wright**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**Mary R. Wright**  
**Mary R. Wright, Business Manager**

**4-17-03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	MACON, JOHN	
STREET ADDRESS	2849 EDGEWATER DRIVE	
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	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Delete
NAME	FULTS, JIM	
STREET ADDRESS	2819 EDGEWATER DR	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARSHALL, JOHN T	
STREET ADDRESS	711 PUTTER DRIVE	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEAVER, DAVID C	
STREET ADDRESS	1591 RUCKEL DR	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROSSON, SUE ANNE	
STREET ADDRESS	359 SHARON DRIVE	
CITY-ST-ZIP	NICEVILLE FL 32578	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Angelos, William S	
STREET ADDRESS	1200 North Lakeshore Dr.	
CITY-ST-ZIP	Niceville FL 32578	
TITLE	Cozy Drake	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1595 Ruckel Drive	
STREET ADDRESS	Niceville FL 32578	
CITY-ST-ZIP		
TITLE	Ann Porter	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	409 Evans Rd	
STREET ADDRESS	Niceville FL 32578	
CITY-ST-ZIP		
TITLE	Dave Strunk	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	113 Baywind Dr.	
STREET ADDRESS	Niceville FL 32578	
CITY-ST-ZIP		
TITLE	Ron Tardif	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	404 Nathey St.	
STREET ADDRESS	Niceville FL 32578	
CITY-ST-ZIP		
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**  
**WILLIAM S. ANGELOS P.D.**

**April 17, 2003 8506784411**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)