

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

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90095 040 ****61.25

DOCUMENT # 709597
1. Entity Name
THE FIRST METHODIST CHURCH OF FORT MEADE, INC.



Principal Place of Business
**135 E BROADWAY
FORT MEADE FL 33841
US**

Mailing Address
**135 E BROADWAY
FORT MEADE FL 33841
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **59-1090882**
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
**KANTZ, JEFFREY
135 E BROADWAY
FORT MEADE FL 33841**

7. Name and Address of New Registered Agent
Name **ROBERT L MANLEY**
Street Address (P.O. Box Number is Not Acceptable)
201 FIRST ST NE
City **FORT MEADE FL** Zip Code **33841**

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 *Robert L Manley* (NOTE: Registered Agent signature required when reinstating) DATE **3/24/03**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	BELL, PAUL	
STREET ADDRESS	706 NE FOURTH STREET	
CITY-ST-ZIP	FT MEADE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NUNNALLEE, JAMES	
STREET ADDRESS	300 NE 3RD ST	
CITY-ST-ZIP	FORT MEADE FL 33841	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUENTHER, DENNIS	
STREET ADDRESS	610 NASHUA	
CITY-ST-ZIP	FORT MEADE FL 33841	
TITLE	S	<input type="checkbox"/> Delete
NAME	WARBURTON, ELFRIEDE B	
STREET ADDRESS	2597 N. BROOKE RD	
CITY-ST-ZIP	FORT MEADE FL 33841	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PALMER, HELEN	
STREET ADDRESS	1010 E. BROADWAY	
CITY-ST-ZIP	FT. MEADE FL 33841	
TITLE	D	<input type="checkbox"/> Delete
NAME	SNEAD, BOB	
STREET ADDRESS	509 N CLEVELAND AVE.	
CITY-ST-ZIP	FORT MEADE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barnett, Tina	
STREET ADDRESS	2711 US Highway 98 E	
CITY-ST-ZIP	Fort Meade, FL. 33841	
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: *Tina Barnett* **3/24/03** **863-285-7578**

CR2E037 (10/02)