

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 710190**

1. Entity Name

THE FIRST UNITED METHODIST CHURCH OF DOVER, INC.**FILED**
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 91014 050 ****61.25

Principal Place of Business

Mailing Address

**MOORES LAKE RD AND METHODIST CHURCH RD
3310 MOORES LAKE RD.
DOVER FL 33527****MOORES LAKE RD AND METHODIST CHURCH RD
P O BOX 14
DOVER FL 33527
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2876019

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

**GALE, DAVID
3422 DOUBLE JACK PLACE
DOVER FL 33527**

Name

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

City

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

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	T	FAULKNER, MICHAEL F	2268 FRITZKE RD	DOVER FL 33527	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	D	SWEAT, NELL	3240 WHEELER ST	DOVER FL 33527	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	T	SEWELL, MARTY	2565 AL SIMMONS RD	DOVER FL 33527	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	TD	GRANT, DAVID	1911 JAUDON RD.	DOVER FL 33527	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	D	GALE, DAVID	3422 DOUBLE JACK PL	DOVER FL 33527	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	T	MACDONALD, WILLIAM	PO BOX 446 N/A	VALRICO FL 33595	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE OF REQUIRED AGENT: DAVID GALE**813-659-1109**

CR2E037 (10/00)