

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 710190**

1. Entity Name

**THE FIRST UNITED METHODIST CHURCH OF DOVER, INC.****FILED****Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90114 027 \*\*\*\*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 &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2876019**

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

**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 **T** ☐ Delete  
NAME **FAULKNER, MICHAEL F**  
STREET ADDRESS **2288 FRITZKE RD**  
CITY-ST-ZIP **DOVER FL 33527**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **SWEAT, NELL**  
STREET ADDRESS **3240 WHEELER ST**  
CITY-ST-ZIP **DOVER FL 33527**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **T** ☐ Delete  
NAME **SEWELL, MARTY**  
STREET ADDRESS **2565 AL SIMMONS RD**  
CITY-ST-ZIP **DOVER FL 33527**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **TD** ☐ Delete  
NAME **GRANT, DAVID**  
STREET ADDRESS **1911 JAUDON RD.**  
CITY-ST-ZIP **DOVER FL 33527**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **GALE, DAVID**  
STREET ADDRESS **3422 DOUBLE JACK PL**  
CITY-ST-ZIP **DOVER FL 33527**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **T** ☐ Delete  
NAME **MACDONALD, WILLIAM**  
STREET ADDRESS **PO BOX 446 N/A**  
CITY-ST-ZIP **VALRICO FL 33595**TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)