

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90004 026 ****61.25

DOCUMENT # 710309

1. Entity Name

FIRST UNITED METHODIST CHURCH OF BUSHNELL, INC.

Principal Place of Business

Mailing Address

221 WEST NOBLE AVENUE
 BUSHNELL FL 33513

221 WEST NOBLE AVENUE
 BUSHNELL FL 33513-5417

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2341201

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WELLS, DELOUIE
3983 COUNTY RD 567
BUSHNELL FL 33513

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 *x Delouie Wells*

Delouie Wells

Jan 17, 2000
 DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete
NAME	WELLS, DELOUIE	
STREET ADDRESS	3983 COUNTY ROAD 567	
CITY-ST-ZIP	BUSHNELL FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	WISER, MARILYN	
STREET ADDRESS	2650 C.R. 564	
CITY-ST-ZIP	BUSHNELL FL 33513	
TITLE	T	<input type="checkbox"/> Delete
NAME	PETERSON, THOMAS & JACQU	
STREET ADDRESS	6668 COUNTY ROAD 625	
CITY-ST-ZIP	BUSHNELL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICKLES, DOUGLAS	
STREET ADDRESS	8057 COUNTY ROAD 623	
CITY-ST-ZIP	BUSHNELL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WELL, MARJORIE	
STREET ADDRESS	3983 CIRCLE 567	
CITY-ST-ZIP	BUSHNELL FL	
TITLE	TR	<input type="checkbox"/> Delete
NAME	LAMBOURNE, JOHN	
STREET ADDRESS	222 N BROAD ST	
CITY-ST-ZIP	BUSHNELL FL 33513	

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	
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STREET ADDRESS	
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: *Ronald K. Sumpter*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 14, 2000 *352 293 22*
 Date Daytime Phone #