

**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

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

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 #