

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90051 045 \*\*\*\*61.25

**DOCUMENT # 710309**

**1. Entity Name**  
**FIRST UNITED METHODIST CHURCH OF BUSHNELL, INC.**

<b>Principal Place of Business</b> 221 WEST NOBLE AVENUE BUSHNELL FL 33513	<b>Mailing Address</b> 221 WEST NOBLE AVENUE BUSHNELL FL 33513
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 59-2341201	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**  
**WELLS, DELOUIE**  
**3983 COUNTY RD 567**  
**CENTER HILL FL 33514**

**7. Name and Address of New Registered Agent**  
 Name: Thomas Bryan  
 Street Address (P.O. Box Number is Not Acceptable): 1973 CR 738  
 City: Webster **FL** Zip Code: 33597

**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] DATE: 2/15/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE: <b>P</b> NAME: <b>WELLS, DELOUIE</b> STREET ADDRESS: <b>3983 COUNTY ROAD 567</b> CITY-ST-ZIP: <b>CENTER HILL FL 33514</b>	<input checked="" type="checkbox"/> Delete
TITLE: <b>S</b> NAME: <b>WISER, MARILYN</b> STREET ADDRESS: <b>2650 C.R. 564</b> CITY-ST-ZIP: <b>BUSHNELL FL 33513</b>	<input type="checkbox"/> Delete
TITLE: <b>T</b> NAME: <b>PETERSON, THOMAS &amp; JACQU</b> STREET ADDRESS: <b>6668 COUNTY ROAD 625</b> CITY-ST-ZIP: <b>BUSHNELL FL</b>	<input checked="" type="checkbox"/> Delete
TITLE: <b>D</b> NAME: <b>RICKLES, DOUGLAS</b> STREET ADDRESS: <b>8057 COUNTY ROAD 623</b> CITY-ST-ZIP: <b>BUSHNELL FL</b>	<input type="checkbox"/> Delete
TITLE: <b>D</b> NAME: <b>WELL, MARJORIE</b> STREET ADDRESS: <b>3983 COUNTY ROAD 567</b> CITY-ST-ZIP: <b>CENTER HILL FL 33514</b>	<input checked="" type="checkbox"/> Delete
TITLE: <b>TR</b> NAME: <b>LAMBOURNE, JOHN</b> STREET ADDRESS: <b>222 N BROAD ST</b> CITY-ST-ZIP: <b>BUSHNELL FL 33513</b>	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <b>P</b> NAME: <b>Thomas Bryan</b> STREET ADDRESS: <b>1973 CR 738</b> CITY-ST-ZIP: <b>Webster, FL 33597</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <b>VP</b> NAME: <b>Thomas Peterson</b> STREET ADDRESS: <b>6668 CR 625</b> CITY-ST-ZIP: <b>Bushnell, FL 33513</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <b>D</b> NAME: <b>Doug Rickles</b> STREET ADDRESS: <b>8057 CR 623</b> CITY-ST-ZIP: <b>Bushnell, FL 33513</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>D</b> NAME: <b>Marjorie Wells</b> STREET ADDRESS: <b>4912 CR 306 A</b> CITY-ST-ZIP: <b>Lake Panasoffkee, FL 33538</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>T</b> NAME: <b>Glenn Wade</b> STREET ADDRESS: <b>5102 CR 634</b> CITY-ST-ZIP: <b>Bushnell, FL 33513</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

**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] DATE: 2/15/02 (352) 793-3221  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)