

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90084 015 ****61.25

DOCUMENT # 711777

1. Entity Name

FIRST METHODIST CHURCH OF CHIPLEY, INC.

Principal Place of Business

Mailing Address

1285 JACKSON AVE
 CHIPLEY FL 32428
 US

1285 JACKSON AVENUE
 CHIPLEY FLA 32428-1802
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1163780

Applied For

Not Applicable

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

RAY, RALPH
819 THIRD ST
CHIPLEY FL 32428

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

Ralph Ray

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-2000

**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** Delete
 NAME **RAY, RALPH**
 STREET ADDRESS **819 THIRD ST**
 CITY-ST-ZIP **CHIPLEY FL 32428**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **RIDLEY, DAVID**
 STREET ADDRESS **631 CORBIN RD**
 CITY-ST-ZIP **CHIPLEY FL 32428**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **GORDY, PAUL**
 STREET ADDRESS **783 5TH ST**
 CITY-ST-ZIP **CHIPLEY FL**

TITLE **D** Change Addition
 NAME **JOHNSON SHAFTER**
 STREET ADDRESS **731 SINCLAIR ST**
 CITY-ST-ZIP **CHIPLEY FL 32428**

TITLE **TR** Delete
 NAME **HARRELL, RENA**
 STREET ADDRESS **1660 COY DR.**
 CITY-ST-ZIP **CHIPLEY FL 32428**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TR** Delete
 NAME **OLE, ELLIS**
 STREET ADDRESS **1297 FAIRAY DR.**
 CITY-ST-ZIP **CHIPLEY FL 32428**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **JACKSON, GORDON**
 STREET ADDRESS **1721 OLD BONIFAY RD**
 CITY-ST-ZIP **CHIPLEY FL**

TITLE **D** Change Addition
 NAME **ROBERTS, BERT**
 STREET ADDRESS **1456 STATE PARK RD**
 CITY-ST-ZIP **CHIPLEY FL 32428**

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:

Ralph Ray
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-2000
 Date Daytime Phone #

CR2E037 (9/99)