

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90041 043 ****61.25

DOCUMENT # 711777

1. Entity Name

FIRST METHODIST CHURCH OF CHIPLEY, INC.

Principal Place of Business

1285 JACKSON AVE
 CHIPLEY FL 32428
 US

Mailing Address

1285 JACKSON AVE
 CHIPLEY FL 32428
 US

ADDUJUUU



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1163780

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

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 W. Ray

3-14-2001

Signature, typed or printed name of registered agent and date 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	P	<input type="checkbox"/> Delete
NAME	RAY, RALPH	
STREET ADDRESS	819 THIRD ST	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RIDLEY, DAVID	
STREET ADDRESS	631 CORBIN RD	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAFTER, JOHNSON	
STREET ADDRESS	731 SINCLAIR STREET	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	TR	<input type="checkbox"/> Delete
NAME	HARRELL, RENA	
STREET ADDRESS	1660 COY DR.	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	OLE, ELLIS	
STREET ADDRESS	1297 FAIRAY DR.	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, BERT	
STREET ADDRESS	1456 STATE PARK ROAD	
CITY-ST-ZIP	CHIPLEY FL 32428	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Parker, Paul	
STREET ADDRESS	1797 Gainer Rd.	
CITY-ST-ZIP	Chipley FL 32428	
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		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Newsom, Jim	
STREET ADDRESS	2699 Bruner Dairy Rd.	
CITY-ST-ZIP	Vernon, FL 32462	
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:

SIGNATURE

Ralph W. Ray 3-14-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

00163