

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90906 018 ****61.25

0062732

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1163780		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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: *Shafter Johnson* DATE: **03/20/02**

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	RAY, RALPH	<input type="checkbox"/> Delete	TITLE	D	Ray Ralph	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		819 THIRD ST		NAME		819 Third St.	
STREET ADDRESS		CHIPLEY FL 32428		STREET ADDRESS		Chipley, FL 32428	
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	D	PARKER, PAUL	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1797 GAINER RD		NAME			
STREET ADDRESS		CHIPLEY FL 32428		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	D	SHAFTER, JOHNSON	<input type="checkbox"/> Delete	TITLE	P	Shafter Johnson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		731 SINCLAIR STREET		NAME		731 Sinclair St.	
STREET ADDRESS		CHIPLEY FL 32428		STREET ADDRESS		Chipley, FL 32428	
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	TR	HARRELL, RENA	<input checked="" type="checkbox"/> Delete	TITLE	D	ELLIS, O L (OLE)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1660 COY DR.		NAME		1297 FAIRWAY DR	
STREET ADDRESS		CHIPLEY FL 32428		STREET ADDRESS		CHIPLEY FL 32428	
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	D	NEWSOM, JIM	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2699 BRUNER DAIRY RD		NAME			
STREET ADDRESS		VERNON FL 32462		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	D	ROBERTS, BERT	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1456 STATE PARK ROAD		NAME			
STREET ADDRESS		CHIPLEY FL 32428		STREET ADDRESS			
CITY-ST-ZIP				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: *Shafter Johnson* **SIGNATURE REQUIRED** DATE: **03/20/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)