

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90044 014 ****61.25

DOCUMENT # 713358

1. Entity Name

FIRST UNITED METHODIST CHURCH OF PINE HILLS, INC

Principal Place of Business

Mailing Address

1400 NOWELL ST
 ORLANDO FL 32808

1400 NOWELL ST
 ORLANDO FL 32808-6907

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0855401

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MATHEWS, OLI
1101 HIAWASSEE ROAD
ORLANDO FL 32818

Name **Glen Venable**
 Street Address (P.O. Box Number is Not Acceptable)
6407 Lauren Court
 City **Orlando** FL Zip Code **32818**

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

Glen U. Venable

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

(NOTE: Registered Agent signature required when reinstating)

4/25/00
 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 NAME	P MATHEWS, OLIVEE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1101 HIAWASSEE ROAD	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE NAME	D CLARKE, RAE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6324 WYNGLOW LANE	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE NAME	T MANWILLER, VIRGINIA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1099 CLAY STREET #1403	
CITY-ST-ZIP	WINTER PARK FL	
TITLE NAME	D LACKEY, HARRY	<input type="checkbox"/> Delete
STREET ADDRESS	1419 PINE HILLS ROAD	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE NAME	D JOHNSON, ALAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	8441 ROSE GROVES RD	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE NAME	D HOLCOMB, KENNETH	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6303 JENNINGS RD	
CITY-ST-ZIP	ORLANDO FL	

TITLE NAME	P Glen Venable	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6407 Lauren Court	
CITY-ST-ZIP	Orlando, FL 32818	
TITLE NAME	D Steve Nolin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7413 Anstead Circle	
CITY-ST-ZIP	Orlando, FL 32810	
TITLE NAME	T Mary Jo Davis	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	431 Pomona Drive	
CITY-ST-ZIP	Apopka, FL 32712	
TITLE NAME	D Pat Jones	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5808 Hornet Dr	
CITY-ST-ZIP	Orlando, FL 32808	
TITLE NAME	D Don Zabel	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2814 Grassmere Lane	
CITY-ST-ZIP	Orlando, FL 32808	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Glen U. Venable

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

407 993-0545

Daytime Phone #

CR2E037 (9/99)