

**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

Zip

Country

Zip

Country

4. FEI Number

**59-0855401**

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

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

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

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** **407 993-0545**  
 Date Daytime Phone #

CR2E037 (9/99)