

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90084 033 ****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**

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

**VENABLE, GLEN
 6407 LAUREN COURT
 ORLANDO FL 32818**

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

Signature, typed or printed name of registered agent and title 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 NAME	P VENABLE, GLEN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6407 LAUREN COURT	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE NAME	B NOLIN, STEVE	<input type="checkbox"/> Delete
STREET ADDRESS	7413 ANSTEAD CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE NAME	T DAVIS, MARY J	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	431 POMONA DRIVE	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE NAME	D LACKEY, HARRY	<input type="checkbox"/> Delete
STREET ADDRESS	1419 PINE HILLS ROAD	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE NAME	D JONES, PAT	<input type="checkbox"/> Delete
STREET ADDRESS	5808 HORNET DRIVE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE NAME	D ZABEL, DON	<input type="checkbox"/> Delete
STREET ADDRESS	2814 GRASSMERE LANE	
CITY-ST-ZIP	ORLANDO FL 32808	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	T Ernest Haight	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1907 Hinckley Rd	
CITY-ST-ZIP	Orlando, FL 32818	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-01

Date

Daytime Phone #

CR2E037 (10/00)