

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714263

1. Entity Name

THE FIRST UNITED METHODIST CHURCH OF DELTONA, IN

Principal Place of Business

1045 E. NORMANDY BLVD.
DELTONA FL 32725

Mailing Address

1045 E. NORMANDY BLVD.
DELTONA FL 32725-6497

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BUCKMASTER, BARBARA
1045 E. NORMANDY BLVD
DELTONA FL 32725

7. Name and Address of New Registered Agent

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

TITLE D ☒ Delete
NAME SIMONDS, ROBERT
STREET ADDRESS 1659 URBANA AVE
CITY-ST-ZIP DELTONA FL 32725

TITLE D ☐ Delete
NAME ANDREWS, DAVID JR
STREET ADDRESS 3430 SPRING RUN
CITY-ST-ZIP DELTONA FL 32738

TITLE D ☐ Delete
NAME WIGGINS, TERRI
STREET ADDRESS 2035 EVEREST ST
CITY-ST-ZIP DELTONA FL

TITLE DVC ☐ Delete
NAME GOFF, ALAN T
STREET ADDRESS 558 APOLLO AVE
CITY-ST-ZIP DELTONA FL 32725

TITLE DC ☐ Delete
NAME VOUGH, LAURENCE J SR
STREET ADDRESS 260 ABBEVILLE STREET
CITY-ST-ZIP DELTONA FL

TITLE D ☒ Delete
NAME OTTINGER, GINGER
STREET ADDRESS 1118 ROSETTA DR.
CITY-ST-ZIP DELTONA FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME Suarez, Martha J.
STREET ADDRESS 107 Amberglow Ct.
CITY-ST-ZIP DeBary, FL. 32713

TITLE ☐ Change ☒ Addition
NAME Garvin, Raymond
STREET ADDRESS 479 Sunburst St.
CITY-ST-ZIP Deltona, FL. 32725

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laurence J Vough Sr 3/8/00

Date

Daytime Phone #

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90071 032 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1308695

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/99)