# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 25, 2002 8:00 am**
**Secretary of State**
03-25-2002 90177 024 ****61.25

DOCUMENT # 714263

1. Entity Name

THE FIRST UNITED METHODIST CHURCH OF DELTONA, IN CORPORATED

| Principal Place of Business | Mailing Address |
|---|---|
| 1045 E. NORMANDY BLVD.<br>DELTONA FL 32725 | 1045 E. NORMANDY BLVD.<br>DELTONA FL 32725 |

DO NOT WRITE IN THIS SPACE

| 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 59-1308695 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| BUCKMASTER, BARBARA<br>1045 E. NORMANDY BLVD<br>DELTONA FL 32725 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 Barbara Buckmaster Barbara Buckmaster 3-13-02
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 / STREET ADDRESS / CITY-ST-ZIP | D<br>SUAREZ, MARTHA J<br>107 AMBERGLOW CT.<br>DEBARY FL 32713 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Scott McPherson<br>755 Vaccinium Way<br>Osteen, Fl. 32764 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ANDREWS, DAVID JR<br>3430 SPRING RUN<br>DELTONA FL 32738 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Malcolm Robertson<br>2509 Tipton Court<br>Deltona, Fl. 32738 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WIGGINS, TERRI<br>2035 EVEREST ST<br>DELTONA FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVC<br>GOFF, ALAN T<br>558 APOLLO AVE<br>DELTONA FL 32725 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DC<br>VOUGH, LAURENCE J SR<br>260 ABBEYVILLE STREET<br>DELTONA FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>EVORY, RON C<br>925 FT SMITH BLVD<br>DELTONA FL 32738 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/01)

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:** Laurence J. Vough, Sr. SIGNATURE REQUIRED Laurence J Vough Sr. 3-13-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #