2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90212 033 ****61.25

0010227

DOCUMENT # 714797

1. Entity Name

FIRST UNITED METHODIST CHURCH OF ORMOND BEACH, I

Principal Place of Business	Mailing Address
FIRST UNITED METHODIST CHURCH 336 SOUTH HALIFAX DRIVE ORMOND BEACH FL 32176	ORMOND BEACH INC 336 SOUTH HALIFAX DRIVE ORMOND BEACH FL 32176-8111

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 59-0782455 ☐ 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
CALIGUIRE, BARBARA 135 PINE CONE TRAIL ORMOND BEACH FL 32174	Name: BARBARA GRELLE Street Address (P.O. Box Number is Not Acceptable): 17 DOLPHIN AVE City: ORMOND BEACH FL Zip Code: 32176

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 GRELLE — APR 19, 2001
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	CTR RACE, J SAMUEL 329 BUCKNELL DR DAYTONA BEACH FL 32118	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTR LIPSCOMB, JOSEPH W 22 SHADOW CREEK WAY ORMOND BEACH FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR GARTHE, DOREEN 289 JOHN ANDERSON DR ORMOND BEACH FL 32176	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition SARA VELIE TR 200 OAK GROVE ST ORMOND BEACH FL 32176-5731
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JOHNSON, ROBERT L. 9 ROCKY CREEK TRAIL ORMOND BCH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR HALE, DONALD W 962 E. BRAMBLEBUSH CIR PT ORANGE FL 32127	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition TR RICHARD PAUL 31 COQUINA RIDGE WAY ORMOND BEACH FL 32174-1810
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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: J SAMUAL RACE, CTR 4/19/2001 (386) 677-3271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #