

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90032 040 ****61.25

DOCUMENT # 715203

1. Entity Name

FIRST UNITED METHODIST CHURCH OF HOLLYWOOD, INC.

Principal Place of Business

1804 VAN BUREN STREET
 HOLLYWOOD FL 33020

Mailing Address

1804 VAN BUREN STREET
 HOLLYWOOD FLA 33020-5128

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1094820

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

HUNTER, E.T., ESQ.
1930 TYLER ST.
HOLLYWOOD FL 33020

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	TR	<input checked="" type="checkbox"/> Delete
NAME	FERGUSON, JULIA	
STREET ADDRESS	2311 WILEY ST	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEDLAND, REYNOLDS	
STREET ADDRESS	110 N.E. 2 TERRACE	
CITY-ST-ZIP	HALLEDALE FL	
TITLE	TR	<input type="checkbox"/> Delete
NAME	SPRINGER, BONNIE	
STREET ADDRESS	919 VAN BUREN ST	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FOSTER, JOHN	
STREET ADDRESS	1318 JACKSON STREET	
CITY-ST-ZIP	DANIA FL 33019	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORIN, ROGER	
STREET ADDRESS	961 NW 180 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	TR	<input type="checkbox"/> Delete
NAME	CLARKE, CHERYL A	
STREET ADDRESS	1505 SW 12TH AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33004	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HONEYGHON, MAX	
STREET ADDRESS	2624 RODMAN RD	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PLITNICK, ANN	
STREET ADDRESS	916 N 16TH AVE	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRINGER, BONNIE	
STREET ADDRESS	919 VAN BUREN ST	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SULLIVAN, RICHARD	
STREET ADDRESS	1424 POLK ST	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORTON, CHARLES	
STREET ADDRESS	105 RONALD RD	
CITY-ST-ZIP	PEMBROKE PINES, FL 33023	
TITLE	T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, CHERYL A	
STREET ADDRESS	1505 SW 12TH AVE #7	
CITY-ST-ZIP	DANIA BEACH, FL 33004	

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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-17-2000