

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 28, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90020 010 \*\*\*\*61.25

00 115

**DOCUMENT # 715203**

1. Entity Name

**FIRST UNITED METHODIST CHURCH OF HOLLYWOOD, INC.**

Principal Place of Business

Mailing Address

**1804 VAN BUREN STREET  
 HOLLYWOOD FL 33020**

**1804 VAN BUREN STREET  
 HOLLYWOOD FL 33020**

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

**59-1094820**

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

7. Name and Address of New Registered Agent

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

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	TR	<input checked="" type="checkbox"/> Delete
NAME	MORTON, CHARLES	
STREET ADDRESS	105 RONALD RD.	
CITY-ST-ZIP	PEMBROKE PINES FL 33023	
TITLE	P	<input type="checkbox"/> Delete
NAME	CONNER, JOHN S	
STREET ADDRESS	1414 ADAMS ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SULLIVAN, RICHARD	
STREET ADDRESS	1424 POLK ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PLITNICK, ANN	
STREET ADDRESS	916 N. 16TH AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	TR	<input type="checkbox"/> Delete
NAME	HONETGHON, MAX	
STREET ADDRESS	2624 RODMAN ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	HUNTER, E.T.	
STREET ADDRESS	626 S. 13TH AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33019	

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAMELA KEBRDLE	
STREET ADDRESS	4325 JACKSON ST.	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN S. CONNER	
STREET ADDRESS	1414 ADAMS ST.	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEAN CADDY	
STREET ADDRESS	2620 PEWEY ST.	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOUISE HARDENBURG	
STREET ADDRESS	114 SE 4TH TERRACE	
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)(l), 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: SCOTT CONNER 2/12/02 (95A) 668-7107

CR2E037 (9/01)