

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90252 013 ****61.25

DOCUMENT # 715977

1. Entity Name

THE METHODIST CHURCH DISTRICT BOARD OF MISSIONS

Principal Place of Business

Mailing Address

2125 E SOUTH ST.
 ORLANDO FL 32803-3502

2125 E SOUTH ST.
 ORLANDO FL 32803-3502

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

59-1147115

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

FOX, ROBERT
2125 E SOUTH ST
ORLANDO FL 32803

Name **Diane M. McDaniel**
 Street Address (P.O. Box Number is Not Acceptable)
2125 E. South Street
 City **Orlando** FL Zip Code **32803**

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

Diane M. McDaniel

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Date

1/25/01

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	TD WALLACE, HUGH	<input type="checkbox"/> Delete
STREET ADDRESS	615 EXECUTIVE DRIVE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE NAME	DP MURRAH, KENNETH	<input type="checkbox"/> Delete
STREET ADDRESS	800 W MORSE BLVD	
CITY-ST-ZIP	WINTER PARK FL	
TITLE NAME	D BLEDSOE, TOM	<input type="checkbox"/> Delete
STREET ADDRESS	331 N. MAITLAND BLVD.	
CITY-ST-ZIP	WINTER PARK FL	
TITLE NAME	D BONSTEEL, FRED C	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	807 HAVENWOOD DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE NAME	D FOX, ROBERT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2125 E SOUTH ST.	
CITY-ST-ZIP	ORLANDO FL 32803-3502	
TITLE NAME	S MCDANIEL, DIANE	<input type="checkbox"/> Delete
STREET ADDRESS	8045 EXCALIBOR CT	
CITY-ST-ZIP	ORLANDO FL 32822	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D W. Dean Witten	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2125 E. South Street	
CITY-ST-ZIP	Orlando, FL 32803	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Diane M. McDaniel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/01

Date

407-896-2230

Daytime Phone #

CR2E037 (10/00)