

**2002 UNIFORM BUSINESS REPORT (UBR)**

2/

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

02-10-2002 90055 015 \*\*\*\*61.25

**DOCUMENT # 715977**

1. Entity Name

**THE METHODIST CHURCH DISTRICT BOARD OF MISSIONS  
 AND CHURCH EXTENSION OF ORLANDO DISTRICT, INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>2125 E SOUTH ST.<br/>ORLANDO FL 32803-3502</b> | Mailing Address<br><b>2125 E SOUTH ST.<br/>ORLANDO FL 32803-3502</b> |
|--|--|

10202



DO NOT WRITE IN THIS SPACE

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |

|              |              |                                    |  |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number<br><b>59-1147115</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip          | Country      | Zip                                | Country  |

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

**MCDANIEL, DIANE M  
 2125 E SOUTH ST  
 ORLANDO FL 32803**

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 \_\_\_\_\_ (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           | <b>TD</b>                    | <input type="checkbox"/> Delete |
| NAME            | <b>WALLACE, HUGH</b>         |                                 |
| STREET ADDRESS  | <b>615 EXECUTIVE DRIVE</b>   |                                 |
| CITY - ST - ZIP | <b>WINTER PARK FL</b>        |                                 |
| TITLE           | <b>DP</b>                    | <input type="checkbox"/> Delete |
| NAME            | <b>MURRAH, KENNETH</b>       |                                 |
| STREET ADDRESS  | <b>800 W MORSE BLVD</b>      |                                 |
| CITY - ST - ZIP | <b>WINTER PARK FL</b>        |                                 |
| TITLE           | <b>VD</b>                    | <input type="checkbox"/> Delete |
| NAME            | <b>BLEDSE, TOM</b>           |                                 |
| STREET ADDRESS  | <b>331 N. MATLAND BLVD.</b>  |                                 |
| CITY - ST - ZIP | <b>WINTER PARK FL</b>        |                                 |
| TITLE           | <b>D</b>                     | <input type="checkbox"/> Delete |
| NAME            | <b>WITTEN, W. DEAN</b>       |                                 |
| STREET ADDRESS  | <b>2125 E SOUTH ST</b>       |                                 |
| CITY - ST - ZIP | <b>ORLANDO FL 32803-3502</b> |                                 |
| TITLE           | <b>S</b>                     | <input type="checkbox"/> Delete |
| NAME            | <b>MCDANIEL, DIANE</b>       |                                 |
| STREET ADDRESS  | <b>8045 EXCALIBUR CT</b>     |                                 |
| CITY - ST - ZIP | <b>ORLANDO FL 32822</b>      |                                 |
| TITLE           |                              | <input type="checkbox"/> Delete |
| NAME            |                              |                                 |
| STREET ADDRESS  |                              |                                 |
| CITY - ST - ZIP |                              |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                 |           |  |
|-----------------|-----------|--|
| TITLE           |           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME            |           |  |
| STREET ADDRESS  |           |  |
| CITY - ST - ZIP |           |  |
| TITLE           | <b>VP</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |           |  |
| STREET ADDRESS  |           |  |
| CITY - ST - ZIP |           |  |
| TITLE           | <b>DP</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |           |  |
| STREET ADDRESS  |           |  |
| CITY - ST - ZIP |           |  |
| TITLE           |           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME            |           |  |
| STREET ADDRESS  |           |  |
| CITY - ST - ZIP |           |  |
| TITLE           |           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME            |           |  |
| STREET ADDRESS  |           |  |
| CITY - ST - ZIP |           |  |

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: **SIGNATURE REQUIRED** *3/1/02* *407-896-2230*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Diane M McDaniel*