

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90081 018 ****61.25

DOCUMENT # 719941

1. Entity Name

**THE FIRST UNITED METHODIST CHURCH OF SPRING HILL
, INC.**

Principal Place of Business

**9344 SPRING HILL DRIVE
SPRING HILL FL 34608**

Mailing Address

**9344 SPRING HILL DRIVE
SPRING HILL FL 34608**

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

59-1565592

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

**BONDS, HORACE
9297 PICKENS STREET
SPRING HILL FL 34608**

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**

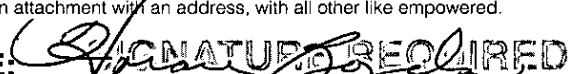
10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☐ Delete
NAME	VARNEY, IRENE	
STREET ADDRESS	6028 PIEDMONT DRIVE	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	D	☐ Delete
NAME	BONDS, HORACE	
STREET ADDRESS	9297 PICKENS ST	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	D	☐ Delete
NAME	DONALDSON, BETH	
STREET ADDRESS	8502 DAY STREET	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	S	☐ Delete
NAME	ANKERS, SALLY	
STREET ADDRESS	14420 VAN COURT DRIVE	
CITY-ST-ZIP	SPRING HILL FL 34610	
TITLE	D	☒ Delete
NAME	SELLARS, ED	
STREET ADDRESS	1026 GODFREY AVE	
CITY-ST-ZIP	BROOKSVILLE FL 34609	
TITLE	D	☐ Delete
NAME	GOLDEN, JON	
STREET ADDRESS	9575 CHRISTINE ST	
CITY-ST-ZIP	SPRING HILL FL	

TITLE	D	☐ Change ☒ Addition
NAME	JACK HEATH	
STREET ADDRESS	7315 FLYWAY DRIVE	
CITY-ST-ZIP	SPRING HILL, FL 34607	
TITLE	D	☐ Change ☒ Addition
NAME	BILL ELLINGTON	
STREET ADDRESS	3200 APPLE BLOSSOM TRAIL	
CITY-ST-ZIP	SPRING HILL, FL 34606	
TITLE	D	☐ Change ☒ Addition
NAME	RALPH CRABTREE	
STREET ADDRESS	312 HOLLOW OAK COURT	
CITY-ST-ZIP	SPRING HILL, FL 34609	
TITLE	D	☐ Change ☒ Addition
NAME	AUGIE WINDELER	
STREET ADDRESS	322 HOLLOW OAK COURT	
CITY-ST-ZIP	SPRING HILL, FL 34609	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)