2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 05, 2000 8:00 am Secretary of State **DOCUMENT # 720992** 1. Entity Name THE FIRST UNITED METHODIST CHURCH OF HUDSON, FLO 04-05-2000 90120 006 ****70.00 Principal Place of Business Mailing Address 13123 US 19 13123 US 19 HUDSON FL 34667 HUDSON FL 34667-1768 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-1590960 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name <u> Anne Grace Chalela</u> Street Address (P.O. Box Number is Not Acceptable) YOUNGS, ADDISON P.O.BOX 953 N/A 5803 Beverly Drive PORT RICHEY FL 34673 Zip Code 34667 Hudson 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. Board SIGNATURE 'hai roerson Make Check Payable to Election Campaign Financing \$5.00 May Be FILE NOW: Department of State Trust Fund Contribution. Added to Fees FEE IS,\$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition (66 (6) Change Delete TITLE p TITLE YOUNGS.ADDISON NAME NAME Richard B. Cushing CR2E037 P.O.BOX 953 N/A STREET ADDRESS STREET ADDRESS 7310 Yachtsman Drive CITY-ST-71P CITY-ST-ZIP PORT RICHEY FL Hudson FL 34667 **⊠** Change Addition ☐ Delete TITLE -S TURNER, JAMES NAME NAME STREET ADDRESS STREET ADDRESS 15722 DONZI DRIVE CITY-ST-78P CITY-ST-ZIP HUDSON FL 34667 **₩** Change ☐ Addition Delete TITLE TITLE P CHALELA, GRACE NAME NAME STREET ADDRESS STREET ADDRESS 5803 BEVERLY DRIVE CTTY-ST-ZIP CITY-ST-ZIP HUDSON FL 34667. Addition ☐ Change Delete TITLE RICE, WALTER NAME NAME Dennis Roberts STREET ADDRESS 8915 FARMINGTON LANE STREET AODRESS 8206 Reynolds Drive Hudson FL 34667 CITY-ST-7IP CITY-ST-ZIE PORT RICHEY FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE TR NAME PRICE, JUDY STREET ADDRESS 10908 PEPPERTREE LANE STREET ADDRESS CITY-ST-ZIP CITY ST-7IP PORT RICHEY FL 34668 ☐ Change ■ Addition Delete TITLE TITLE SOWELL, LES NAME NAME STREET ADDRESS STREET ADDRESS 8614 HONEYCOMB DR CITY-ST-ZIP PORT RICHEY FL 34868

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.

ENTED NAME OF BIGMING OFFICER OR DIRECTOR

SIGNATURE:

Chairperson, Board of Trustees

2-18-2000 <u>727/861-3931</u>

Date

Daytime Phone #