2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State
04-02-2001 90049 023 ****70.00

DOCUMENT # 720992

1. Entity Name

THE FIRST UNITED METHODIST CHURCH OF HUDSON, FLO

Principal Place of Business	Mailing Address
13123 US 19 HUDSON FL 34667	13123 US 19 HUDSON FL 34667

DO NOT WRITE IN THIS SPACE

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 59-1590960 ☐ 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
CHALELA, ANNE G 5803 BEVERLY DRIVE HUDSON FL 34667	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P CUSHING, RICHARD B 7310 YACHTSMAN DRIVE HUDSON FL 34667	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SYLVIA HEMMERLY 10002 HILLTOP DRIVE NEW PORT RICHEY FL 34654	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TURNER, JAMES 15722 DONZI DRIVE HUDSON FL 34667	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BETTY BRYAN 8209 ROXBORO DRIVE HUDSON FL 34667	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CHALELA, GRACE 5803 BEVERLY DRIVE HUDSON FL 34667	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ROBERTS, DENNIS 8206 REYNOLDS DRIVE HUDSON FL 34667	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR PRICE, JUDY 10908 PEPPERTREE LANE PORT RICHEY FL 34668	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SOWELL, LES 8614 HONEYCOMB DR PORT RICHEY FL 34668	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: Anne Grace Chalela Chairperson, Board of Trustees Anne Grace Chalela 3-22-2001 727/861-3931
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #