2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#720992

FILED Jan 31, 2003 Secretary of State

Entity Name: THE FIRST UNITED METHODIST CHURCH OF HUDSON, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 13123 US 19 HUDSON, FL 34667 **Current Mailing Address: New Mailing Address:** 13123 US 19 HUDSON, FL 34667 FEI Number: 59-1590960 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHALELA, ANNE G 5803 BEVÉRLY DRIVE HUDSON, FL 34667 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition HEMMERLY, SYLVIA CLARK, BILL Name: Name: 10002 HILLTOP DRIVE Address: 11215 BRAMBLELEAF WAY Address: City-St-Zip: NEW PORT RICHEY, FL 34654 City-St-Zip: HUDSON, FL 34667 Title: Title: (X) Change () Addition () Delete BRYAN, BETTY Name: BRYAN, BETTY Name: Address: 8209 ROXBORO DRIVE Address: 8209 ROXBORO DRIVE City-St-Zip: HUDSON, FL 34667 City-St-Zip: HUDSON, FL 34667 Title: () Delete Title: (X) Change () Addition CHALELA, ANNE G VALENTINE, BOB Name: Name: 5803 BEVERLY DRIVE 10804 CEDAR BREAKS DR Address: Address: City-St-Zip: HUDSON, FL 34667 City-St-Zip: PORT RICHEY, FL 34668 (X) Change () Addition Title: () Delete Title: ROBERTS, DENNIS SMITH, TIM Name: Name: 8206 REYNOLDS DRIVE 6832 OSPREY LANE Address: Address: City-St-Zip: HUDSON, FL 34667 City-St-Zip: HUDSON, FL 34667 Title: () Delete Title: (X) Change () Addition PRATT, CHARLES PRATT, CHARLES Name: Name: 8600 SKYMASTER DRIVE 8600 SKYMASTER DRIVE Address: Address: City-St-Zip: NEW PORT RICHEY, FL 34654 City-St-Zip: NEW PORT RICHEY, FL 34654 Title: () Delete Title: () Change () Addition HRYWNAK, PATSY Name: Name: Address: 9204 KOSIMO STREET Address: NEW PORT RICHEY, FL 34654 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL CLARK S 01/31/2003