## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Jan 31, 2001 8:00 am **DOCUMENT # 721850 Secretary of State** 1. Entity Name THE FIRST UNITED METHODIST CHURCH OF SEBRING, FL 01-31-2001 90039 026 \*\*\*\*61.25 Principal Place of Business Mailing Address 125 S PINE ST 125 S PINE ST SEBRING FL 33870 SEBRING FL 33870 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0760205 Not Applicable Zip Country Country Zíp \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) POORE, MIRIAM L 162 GUITAR DR SEBRING FL 33870 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) FILE NOW: 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. CD TITLE ☐ Addition TITLE ☐ Delete GILBERT. STEPHEN NAME NAME STREET ADDRESS 6015 GOLDEN RD STREET ADDRESS CITY-ST-ZIP SEBRING FL 33872 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE SPRINGER, JOANN L. NAME NAME STREET ADDRESS 6312 MATANZAS DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEBRING FL 33872 ☐ Delete TITLE ☐ Change Addition TITLE IRVINE, DOLORES NAME NAME STREET ADDRESS 2682 S FLAMINGO RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AVON PARK FL 33825** Delete TITLE Director Change ☐ Addition TITLE NAME CLAGETT, J J NAME George Hensley, Jr STREET ADDRESS STREET ADDRESS 1608 Theon Dr 1617 NE LAKEVIEW CITY-ST-ZIP CITY-ST-7(P Sebring FL 3387U SEBRING FL 33870 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS 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: 91510 76 1 100 REDOWN BETSONINGER, Treas, 01/23/2001 863-385-518