

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90300 007 ****61.25

DOCUMENT # 721850



1. Entity Name

**THE FIRST UNITED METHODIST CHURCH OF SEBRING, FL
ORIDA**

Principal Place of Business

**125 S PINE ST
SEBRING FL 33870
US**

Mailing Address

**125 S PINE ST
SEBRING FL 33870
US**

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 **59-0760205**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**IRVINE, DELORES
125 S PINE ST
SEBRING FL 33870**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Dolores Irvine

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☐ Delete
NAME **GILBERT, STEPHEN**
STREET ADDRESS **6015 GOLDEN RD**
CITY-ST-ZIP **SEBRING FL 33872**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **SPRINGER, JOANN L**
STREET ADDRESS **6312 MATANZAS DRIVE**
CITY-ST-ZIP **SEBRING FL 33872**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **IRVINE, DOLORES**
STREET ADDRESS **2682 S FLAMINGO RD**
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **BREADY, ROBERT**
STREET ADDRESS **4110 LAKE VISTA DRIVE**
CITY-ST-ZIP **SEBRING FL 33875-4418**

TITLE ☒ Change ☐ Addition
NAME **Pollard, Robert**
STREET ADDRESS **237 Mitcco Ave.**
CITY-ST-ZIP **Sebring, FL 33870**

TITLE **D** ☐ Delete
NAME **JERNIGAN, WILLIAM H**
STREET ADDRESS **1257 EDGEWATER POINT DR**
CITY-ST-ZIP **SEBRING FL 33870-2202**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **MOLBERG, MERLIN**
STREET ADDRESS **3352 DELAWARE AVE**
CITY-ST-ZIP **SEBRING FL 33872-2501**

TITLE ☒ Change ☐ Addition
NAME **D Williams, Edward**
STREET ADDRESS **437 Whippoon Will Dr**
CITY-ST-ZIP **Sebring, FL 33875**

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: *Joann L. Springer* 01/30/03 863-365-5184

CR2E037 (10/02)