

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90168 009 ****61.25

DOCUMENT # 722034

1. Entity Name

CHRIST UNITED METHODIST CHURCH OF MILTON, FLORID

Principal Place of Business

Mailing Address

5983 DOGWOOD ST
 MILTON FL 32570-3330
 US

5983 DOGWOOD ST
 MILTON FL 32570-3330
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1926257

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SMITH, FELTON E.
6263 WILLARD NORRIS RDQ
MILTON FL 32570

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 PD Delete
 NAME **CHAPMAN, ROBERT V**
 STREET ADDRESS **5692 COUNTRY SQUIRE DRIVE**
 CITY-ST-ZIP **MILTON FL 32570**

TITLE PD Change Addition
 NAME **Felton E. Smith, Jr.**
 STREET ADDRESS **5316 Alabama Street**
 CITY-ST-ZIP **Milton, Florida 32570**

TITLE CD Delete
 NAME **BIGNER, RICHARD**
 STREET ADDRESS **5608 ELIZABETH WAY**
 CITY-ST-ZIP **MILTON FL 32570**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD Delete
 NAME **HUFFMAN, CHARLENE R.**
 STREET ADDRESS **6527 PALOMINO DRIVE**
 CITY-ST-ZIP **MILTON FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-01 (850) 623-1298

Date

Day/Time Phone #

CR2E037 (10/00)