

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2002 8:00 am**  
**Secretary of State**

01-27-2002 90046 003 \*\*\*\*61.25

**DOCUMENT # 722034**

1. Entity Name

**CHRIST UNITED METHODIST CHURCH OF MILTON, FLORIDA  
 A, INCORPORATED**

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



DO NOT WRITE IN THIS SPACE

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: **Robert V. Chapman**  
 Street Address (P.O. Box Number is Not Acceptable): **5285 Morgan Ridge Dr.**  
 City: **MILTON** FL Zip Code: **32570**

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: *Robert V. Chapman*  
 Signature, typed or printed name of registered agent and title if applicable.

*Robert V. Chapman*  
 (NOTE: Registered Agent signature required when reinstating)

*01/09/2002*  
 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	CD	<input type="checkbox"/> Delete
NAME	<b>BIGNER, RICHARD</b>	
STREET ADDRESS	<b>5608 ELIZABETH WAY</b>	
CITY-ST-ZIP	<b>MILTON FL 32570</b>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<b>HUFFMAN, CHARLENE R.</b>	
STREET ADDRESS	<b>6527 PALOMINO DRIVE</b>	
CITY-ST-ZIP	<b>MILTON FL</b>	
TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>SMITH, FELTON E JR</b>	
STREET ADDRESS	<b>5316 ALABAMA STREET</b>	
CITY-ST-ZIP	<b>MILTON FL 32570</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Norma Jean Rook</b>	
STREET ADDRESS	<b>6225 Astor Street</b>	
CITY-ST-ZIP	<b>Milton FL 32570</b>	
TITLE	<b>P D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Robert V. Chapman</b>	
STREET ADDRESS	<b>5285 Morgan Ridge Dr</b>	
CITY-ST-ZIP	<b>Milton, FL 32570</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Norma Jean Rook*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*01/09/2002 850-623-8820*  
 Date Daytime Phone #

CR2E037 (9/01)