

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

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91047 017 ****61.25



DOCUMENT # 724157

1. Entity Name
FIRST UNITED METHODIST CHURCH OF CLEARWATER, INC

Principal Place of Business Mailing Address
411 TURNER STREET 411 TURNER STREET
CLEARWATER FL 33756 CLEARWATER FL 33756

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 **59-0747305** Applied For
Not Applicable

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

COLE, STEPHEN O.
625 COURT ST
SUITE 200
CLEARWATER FL 33756

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 _____
Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when releasing) 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 | CDS | <input type="checkbox"/> Delete |
| NAME | STEPHEN, COLE O | |
| STREET ADDRESS | 625 COURT STREET | |
| CITY-ST-ZIP | CLEARWATER FL 33756 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | GRESHAM, BENNETT | |
| STREET ADDRESS | 2185 COLLEGE DRIVE | |
| CITY-ST-ZIP | CLEARWATER FL | |
| TITLE | DS | <input type="checkbox"/> Delete |
| NAME | TOM, CHRISTOPHER | |
| STREET ADDRESS | 1750 BRAXTON BRAGG LANE | |
| CITY-ST-ZIP | CLEARWATER FL 33765-1101 | |
| TITLE | DS | <input type="checkbox"/> Delete |
| NAME | GENE, HUGHEY | |
| STREET ADDRESS | 535 SOUTH GREENWOOD AVE | |
| CITY-ST-ZIP | CLEARWATER FL 33756-6107 | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | LOPER, BEN | |
| STREET ADDRESS | 3212 MASTERS DRIVE | |
| CITY-ST-ZIP | CLEARWATER FL 33761 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LEWISON, AL | |
| STREET ADDRESS | 1884 STETSON DRIVE | |
| CITY-ST-ZIP | CLEARWATER FL 34825 | |

| | |
|----------------|---|
| 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 | |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: SIGNATURE REQUIRED *Chairman* 3/20/03 727/441-8966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)