

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726087

1. Entity Name

THE FIRST UNITED METHODIST CHURCH OF APOPKA, INC

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90073 029 ****61.25

Principal Place of Business

Mailing Address

201 SOUTH PARK AVE
APOPKA FL 32703

201 SOUTH PARK AVE
APOPKA FL 32703-4256

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

59-1258663

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

GORDON, HEYWOOD
7309 CHESTERHILL CIRCLE
MOUNT DORA FL 32757

Name

JOHN D. AYERS

Street Address (P.O. Box Number is Not Acceptable)

901 BEARDED OAKS TERRACE

City

LONGWOOD

FL

Zip Code

32779

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

John D. Ayers

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/22/00

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	P	<input checked="" type="checkbox"/> Delete
NAME	GORDON, HEYWOOD	
STREET ADDRESS	7309 CHESTERHILL CR	
CITY-ST-ZIP	MT. DORA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	HICKS-MEADOWS, BETTIE	
STREET ADDRESS	141 NO. CENTRAL AVE.	
CITY-ST-ZIP	APOPKA FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MARILYN DORSEY	
STREET ADDRESS	2205 ROCK SPRINGS RD.	
CITY-ST-ZIP	APOPKA, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AYERS, JOHN D	
STREET ADDRESS	901 BEARDED OAKS TERRACE	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEBERT, LESLIE	
STREET ADDRESS	3710 DAMON RD.	
CITY-ST-ZIP	APOPKA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHELTON, JOE	
STREET ADDRESS	8214 GERSHWIN STREET	
CITY-ST-ZIP	ORLANDO FL 32818	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN D. AYERS	
STREET ADDRESS	901 BEARDED OAKS TERRACE	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHARON FISHER	
STREET ADDRESS	3402 MEECE AVENUE	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID WALLOCH	
STREET ADDRESS	2643 BALKAN STREET	
CITY-ST-ZIP	APOPKA, FL 32703	
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:

John D. Ayers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/00
Date

Daytime Phone #

CR2E037 (9/99)