2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 15, 2000 8:00 am Secretary of State DOCUMENT # 726099 1. Entity Name FIRST UNITED METHODIST CHURCH OF STUART, INC. 02-15-2000 90049 028 ****70.00 Principal Place of Business Mailing Address 1500 KANNER HIGHWAY P. O. BOX 539 P.O. BOX 539 P.O. BOX 539 F STUART FL 34995 STUART FL 34995-0539 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0816465 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CRARY.EVANS.JR 555 COLORADO AVE. SUITE 1 STUART FL 34994 City 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. 1997 to A Habine Date to De Aribell or SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Addition PD TITLE ☐ Channe TITLE ☐ Delete NAME HAWKEN, CHARLES A NAME STREET ADDRESS STREET ADDRESS 916 NE BANYAN TREET CITY-ST-ZIP CITY-ST-ZIP <u>JENSEN BEACH FL 34957</u> Delete **X**Addition TITLE ☐ Change TITLE VD NAME NAME HELDERMAN, NATHEN Wilsey, Bob STREET ADDRESS 5017 S.W CHEROKEE ST STREET ADDRESS 2243 NE Marlberry Lane ČITY-ST-ZIP CITY-ST-ZIP Jensen Beach, FL 34957 PALM CITY FL 34990 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME ANDERSON, LAWERENCE STREET ADDRESS STREET ADDRESS 7761 SE DOUBLETREE DRIVE CITY-ST-ZIP CITY-ST-ZIP HOBE SOUND FL 33455 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME MCGUIRE, MARY STREET ADDRESS STREET ADDRESS 325 \$ MANOR DRIVE CITY-ST-ZIP CITY-ST-ZIP STUART FL 34994 TITLE ☐ Change Addition Delete TITI F NAME NAME STROUT, TERRY Woods, Walt STREET ADDRESS STREET ADDRESS 868 S.W. HIDDEN RIVER AVE. 1977 NW Pine Lake Drive CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL <u> Stuart, FL 34994</u> Addition TITLE ☐ Change TITL F Delete NAME NAME SCHINK, AL Arnold, Linda STREET ADDRESS STREET ADDRESS 1804 S.W. SPRINGFIELD CT 710 St. Lucie Crescent CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL 34990 <u>Stuart, FL</u> 34994

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 IN TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 11, 2000 (561) 6262