2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State
03-05-2002 90045 016 ****61.25

DOCUMENT # 726099

1. Entity Name

FIRST UNITED METHODIST CHURCH OF STUART, INC.

Principal Place of Business	Mailing Address
1500 KANNER HIGHWAY P.O. BOX 539 STUART FL 34995 US	P. O. BOX 539 P.O. BOX 539 STUART FL 34995 US

DO NOT WRITE IN THIS SPACE

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 59-0816465 ☐ 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
CRARY,EVANS,JR 555 COLORADO AVE. SUITE 1 STUART FL 34994	Name: Charles Sabin Street Address (P.O. Box Number is Not Acceptable): 182 SE Harbor Point Dr City: Stuart **FL** Zip Code: 34996

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 Charles H. Sabin Charles H. Sabin, Chairman Board of Trustees 02/18/2002
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CT JACKSON, CLARK 1792 SW SPRINFIELD COURT PALM CITY FL 34990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice Chairman, Trustees Mike Chason 233 SE Wells Dr Stuart, FL 34996	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOT TREMBLY, BRUCE 2027 SW DOVETAIL TERRANCE PALM CITY FL 34990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ANDERSON, LAWERENCE 7761 SE DOUBLETREE DRIVE HOBE SOUND FL 33455	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairman, Finance Mark Duvall 1000 NE Juniper Place Jensen Beach, FL 34957	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FARROW, SUZANNE 502 N RIVER POINT DR STUART FL 34994	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Larry Clark 33 Fieldway Dr Stuart, FL 34996	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOT MARVIN, CYNTHIA 1196 NE COY SENDA JENSEN BEACH FL 34957	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARNOLD, LINDA 710 ST LUCIE CRESCENT STUART FL 34994	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Board of Trustees Donald Jefferson 14 Oak Hill Way Stuart, FL 34996	☒ Change ☐ Addition

CR2E037 (9/01)

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: Suzanne H. Farrow SIGNATURE REQUIRED Suzanne H. Farrow, Church Administrator 02/19/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #