2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#726099

FILED Jan 23, 2003 Secretary of State

Entity Name: FIRST UNITED METHODIST CHURCH OF STUART, INC.

Current Principal Place of Business:			New Principal Place of Business:			
1500 KANN P.O. BOX 5 STUART, F		Y JS				
Current Mailing Address:			New Mailing Address:			
P. O. BOX : P.O. BOX 5 STUART, F	539	JS				
FEI Number:	59-0816465	FEI Number Applied For ()	FEI Number Not Appli	cable ()	Certificate of Status Des	sired()
Name and	Address of C	urrent Registered Agent:	Name and	Address of Ne	ew Registered Agen	t:
STUART, F	RBOR POINT FL 34996 named entity s	DR submits this statement for the pur	pose of changing it	s registered offi	ïce or registered agei	nt, or both,
SIGNATUR	RE:					
	Electron	ic Signature of Registered Agent			Date	
OFFICERS	AND DIREC	TORS:	ADDITION	S/CHANGES T	O OFFICERS AND I	DIRECTORS:
Title: Name: Address: City-St-Zip: Title: Name:	CHASON, MIKE 233 SE WELLS STUART, FL 34 BOT () TREMBLY, BRU	DR. 1996 Delete JCE	Title: Name: Address: City-St-Zip: Title: Name:	DIKE, ERNIE 597 SW ROMOR ST. LUCIE WEST		
Address: City-St-Zip:	2027 SW DOVE PALM CITY, FL	ETAIL TERRANCE 34990	Address: City-St-Zip:			
Title: Name: Address: City-St-Zip:	CF () DUVALL, MARK 1000 NE JUNIP JENSEN BEAC	ER PLACE	Title: Name: Address: City-St-Zip:	()(Change () Addition	
Title: Name: Address: City-St-Zip:	S () CLARK, LARRY 33 FIELDWAY STUART, FL 34	DR.	Title: Name: Address: City-St-Zip:	M (X) C DRUMMONDS, V 4600 NW INDIAN JENSEN BEACH,	I OAK COURT	
Title: Name: Address: City-St-Zip:	BOT () MARVIN, CYNT 1196 NE COY S JENSEN BEAC	SENDA	Title: Name: Address: City-St-Zip:	()(Change () Addition	
Title: Name: Address: City-St-Zip:	BOT () JEFFERSON, E 14 OAK HILL W STUART, FL 3-	/AY	Title: Name: Address: City-St-Zip:	BOT (X) C SABIN, CHARLIE 182 SE HARBOR STUART, FL 349	POINT DR	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VAUGHN DRUMMONDS M 01/23/2003