

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90419 036 ****70.00

DOCUMENT # 729015

1. Entity Name

FIRST UNITED PENTECOSTAL CHURCH OF WEWAHITCHKA, INC.

Principal Place of Business

Mailing Address

619 SOUTH HIGHWAY 71
WEWAHITCHKA FL 32465
US

619 SOUTH HIGHWAY 71
P.O. BOX 967
WEWAHITCHKA FL 32465
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2302044

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SIMS, LARRY W REV
2416 THORNTON ROAD
TALLAHASSEE FL 32308

Name

Chumney, Thomas Michael

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

282 Kate Glass Rd

City

Wewahitchka

FL

Zip Code
32465

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

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

THOMAS M. CHUMNEY Director - Trustee
(NOTE: Registered Agent signature required when reinstating)

DATE
4-11-02

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	PD	☒ Delete
NAME	SIMS, LARRY W	
STREET ADDRESS	2416 THORNTON ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	☒ Delete
NAME	CHUMNEY, THOMAS MICHAEL	
STREET ADDRESS	KATE GLASS ROAD	
CITY-ST-ZIP	WEWAHITCHKA FL	
TITLE	D	☒ Delete
NAME	PITTS, HERMAN	
STREET ADDRESS	449 PINE ST	
CITY-ST-ZIP	WEWAHITCHKA FL	
TITLE	S	☒ Delete
NAME	PITTS, BEVERLY	
STREET ADDRESS	449 PINE ST	
CITY-ST-ZIP	WEWAHITCHKA FL	
TITLE	D	☐ Delete
NAME	WHITEHURST, HIRAM	
STREET ADDRESS	HIGHWAY 71	
CITY-ST-ZIP	WEWAHITCHKA FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/T/D	☒ Change ☐ Addition
NAME	CHUMNEY, THOMAS MICHAEL	
STREET ADDRESS	282 KATE GLASS ROAD	
CITY-ST-ZIP	WEWAHITCHKA FL 32465	
TITLE	T/D	☒ Change ☐ Addition
NAME	FOSTER, HOWARD E.	
STREET ADDRESS	825 GRIFFIN ROAD	
CITY-ST-ZIP	WEWAHITCHKA FL 32465	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	☒ Change ☐ Addition
NAME	NUNERY, TAMMIE	
STREET ADDRESS	209 RICHARDS AVE	
CITY-ST-ZIP	WEWAHITCHKA FL 32465	
TITLE	T/D	☒ Change ☐ Addition
NAME	WHITEHURST, HIRAM	
STREET ADDRESS	845 N HWY 71	
CITY-ST-ZIP	WEWAHITCHKA FL 32465	
TITLE	T	☐ Change ☒ Addition
NAME	CHUMNEY, LINDA T.	
STREET ADDRESS	282 KATE GLASS ROAD	
CITY-ST-ZIP	WEWAHITCHKA FL 32465	

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:

THOMAS M. CHUMNEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-02 850 639 2222

CR2E037 (9/01)