1/25/00-90112-034-$61.25-$61.25

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 MAR -6 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 729031

1. Entity Name

BOARD OF TRUSTEES, FIRST UNITED METHODIST CHURCH

Principal Place of Business	Mailing Address
6209 LAND O' LAKES BLVD. LAND O LAKES FL 34639	6209 LAND O' LAKES BLVD. LAND O LAKES FL 34639-3215

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 59-6193829 ☐ 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
CARPENTER, RICHARD 3945 PENINSULAR DR LAND O' LAKES FL 34639	Name: Robert Swan Street Address (P.O. Box Number is Not Acceptable): 1314 Windsor Way City: Lutz **FL** Zip Code: 33549

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: Robert Swan — DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	C CARPENTER, RICHARD 3845 PENINSULAR DR LAND O' LAKES FL 34639	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C Chair Robert Swan 1314 Windsor Way Lutz, FL 33549	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC ADAMS, RUSSELL 3420 LAKE PADGETT DR LAND O' LAKES FL 34639	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR Richard Carpenter 3845 Peninsular Drive Land O' Lakes, FL 34639	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TTR WELD, JOANNE 22306 WEEKS BLVD LAND O'LAKES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR Tom Boerner 12465 Citation Road Spring Hill, FL 34610	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STR ED MORA 3932 PENINSULAR DR LAND O' LAKES FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR Diane Kuenzel P.O. Box 334 Land o' Lakes, FL 34639	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR HENRY, CLAUDETTE 3704 GREATWOOD CT LAND O'LAKES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR Doug Newman 6018 Thomas Circle Land O' Lakes, FL 34639	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR VINSON, VIRGIL 5207 CONNER DR LAND O LAKES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition KE

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 REQUIRED Robert Swan 813-949-3241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #