

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 732453**

1. Entity Name

FIRST UNITED METHODIST CHURCH / HOMOSASSA AREA I**FILED**
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90333 010 ****61.25

Principal Place of Business

**8831 W BRADSHAW ST.
HOMOSASSA FL 34446
US**

Mailing Address

**8831 W BRADSHAW ST.
HOMOSASSA FL 34446
US**

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

59-2167026

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOAR, MERL
31 LINDER DR
HOMOSASSA FL 34446**

7. Name and Address of New Registered Agent

Name

James Green

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

12 Sweet Pea Court

City

Homosassa**FL**Zip Code
34446

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

29 Jan 01**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

TITLE **T** ☐ Delete
NAME **COOLEY, JACK**
STREET ADDRESS **70 GREENTREE ST**
CITY-ST-ZIP **HOMOSASSA FL 34446**TITLE **VP** ☐ Delete
NAME **KOHLER, CLARENCE**
STREET ADDRESS **5591 W. TICE ST.**
CITY-ST-ZIP **HOMOSASSA FL 34446**TITLE **T** ☒ Delete
NAME **HOAR, MERI**
STREET ADDRESS **31 LINDER DR.**
CITY-ST-ZIP **HOMOSASSA FL 34446**TITLE **T** ☒ Delete
NAME **DEWART, JOHN**
STREET ADDRESS **17 BYRSONIMA CT, S**
CITY-ST-ZIP **HOMOSASSA FL 34446**TITLE **T** ☐ Delete
NAME **LAYMAN, HAROLD**
STREET ADDRESS **30 MASTERS DR. S**
CITY-ST-ZIP **HOMOSASSA SPRINGS FL 34446**TITLE **T** ☐ Delete
NAME **LEAMING, BOB**
STREET ADDRESS **5011 SOUTH PASTEL POINT**
CITY-ST-ZIP **HOMOSASSA FL 34446**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **James Green** ☒ Change ☐ Addition
NAME **12 Sweet Pea Court**
STREET ADDRESS **Homosassa, FL 34446**
CITY-ST-ZIPTITLE **Janet Watson** ☒ Change ☐ Addition
NAME **70 Byrsonima Loop W**
STREET ADDRESS **Homosassa, FL 34446**
CITY-ST-ZIPTITLE **David Willmott** ☐ Change ☒ Addition
NAME **5616 W. Keating Court**
STREET ADDRESS **Homosassa, Florida 34448**
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**29 Jan 01**

Date

628-4083

Daytime Phone #

CR2E037 (10/00)