

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90112 015 ****70.00

DOCUMENT # 732453

1. Entity Name

**FIRST UNITED METHODIST CHURCH / HOMOSASSA AREA I
NC.**



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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

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

**GREEN, JAMES L
13 SWEET PEAS CT
HOMOSASSA FL 34446**

7. Name and Address of New Registered Agent

Name

GIBBS, JOHN M.

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

3360 S. MICHIGAN BLVD.

City

HOMOSASSA SPRINGS FL

Zip Code

34448

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

JANUARY 23, 2003

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete
NAME **COOLEY, JACK**
STREET ADDRESS **70 GREENTREE ST**
CITY-ST-ZIP **HOMOSASSA FL 34446**

TITLE ☐ Delete
NAME **BUNTING, ROBERT**
STREET ADDRESS **105 OAK VILLAGE BLVD**
CITY-ST-ZIP **HOMOSASSA FL 34447**

TITLE ☒ Delete
NAME **GREEN, JAMES**
STREET ADDRESS **12 SWEET PEA COURT**
CITY-ST-ZIP **HOMOSASSA FL 34446**

TITLE ☐ Delete
NAME **WATSON, JANET**
STREET ADDRESS **70 BYRSONIMA LOOP W**
CITY-ST-ZIP **HOMOSASSA FL 34446**

TITLE ☒ Delete
NAME **WILLMOTT, DAVID**
STREET ADDRESS **5616 W. KEATING COURT**
CITY-ST-ZIP **HOMOSASSA SPRINGS FL 34446**

TITLE ☐ Delete
NAME **SPECHT, ROBERT**
STREET ADDRESS **80 LINDER DR**
CITY-ST-ZIP **HOMOSASSA FL 34446**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **OLSON, MARY**
STREET ADDRESS **20 CHINKAPIN CIRCLE**
CITY-ST-ZIP **HOMOSASSA, FL 34446**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **GIBBS, JOHN M.**
STREET ADDRESS **3360 S. MICHIGAN BLVD.**
CITY-ST-ZIP **HOMOSASSA SPRINGS, FL 34448**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **PATTON, PAUL**
STREET ADDRESS **10 HEUCHERA COURT**
CITY-ST-ZIP **HOMOSASSA, FL 34446**

TITLE ☐ 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: JOHN M. GIBBS 1/23/03 (352) 678-0688

CR2E037 (10/02)