

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735787

1. Entity Name

FORT CAROLINE UNITED METHODIST CHURCH, INC.

Principal Place of Business

Mailing Address

8510 FT CAROLINE ROAD
JACKSONVILLE FL 32277-2974
US

8510 FT CAROLINE ROAD
JACKSONVILLE FL 32277-2374
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FISHER, HORACE L.
12866 RABBIT RUN LANE
JACKSONVILLE FL 32246

Name

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

City

FL

Zip Code

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

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	TR	<input checked="" type="checkbox"/> Delete
NAME	ROUH, KENNETH	
STREET ADDRESS	11859 HIDDEN HILLS DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	FISHER, HORACE L.	
STREET ADDRESS	12866 RABBIT RUN LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CRUMP, FAITH	
STREET ADDRESS	3237 TROTTER HORSE PLACE	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	AMIDON, GORDON E JR	
STREET ADDRESS	5054 MARINERS POINT DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KONCHAR, PATRICIA	
STREET ADDRESS	3909 DALRY DR	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	TR	<input type="checkbox"/> Delete
NAME	REDFOOT, FRANK E.	
STREET ADDRESS	5940 COVERED CREEK LANE	
CITY-ST-ZIP	JACKSONVILLE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ring, Marjorie	
STREET ADDRESS	6612 Markin Dr. S.	
CITY-ST-ZIP	Jacksonville, FL 32277	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	White, Houston	
STREET ADDRESS	11026 Harbor Cay Ct.	
CITY-ST-ZIP	Jacksonville, FL 32225	
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Spock, Buck	
STREET ADDRESS	1486 Gately Rd.	
CITY-ST-ZIP	Jacksonville, FL 32225	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Matchett, Stephen	
STREET ADDRESS	3950 Hill Terrace Dr.	
CITY-ST-ZIP	Jacksonville, FL 32277	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Horace L. Fisher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Horace L. Fisher, Chair 1/25/00

904-247-4115

Date

Daytime Phone #

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90022 034 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1375581

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required