

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90066 002 ****61.25

0061163

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 32277-2974
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

59-1375581

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

**WHITE, HOUSTON
11026 HARBOR CAY CT.
JACKSONVILLE FL 32225**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☒ Delete
NAME **BERGMAN, JAMES**
STREET ADDRESS **3649 MARSH CREEK DR**
CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE **Stirrett, Bill** ☐ Change ☒ Addition
NAME **10147 Lakeview Rd. W.**
STREET ADDRESS **Jacksonville, FL 32225**
CITY-ST-ZIP

TITLE **TR** ☒ Delete
NAME **GREEN, GAYLE**
STREET ADDRESS **8460 FT. CAROLINE RD**
CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE **Wilson, Harold** ☐ Change ☒ Addition
NAME **1594 Holly Oaks Lake Rd. W.**
STREET ADDRESS **Jacksonville, FL 32225**
CITY-ST-ZIP

TITLE **C** ☐ Delete
NAME **WHITE, HOUSTON**
STREET ADDRESS **11026 HARBOR CAY CT**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

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

TITLE **V** ☐ Delete
NAME **SPOCK, BUCK**
STREET ADDRESS **1486 GATELY RD**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

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

TITLE **TR** ☐ Delete
NAME **MATCHETT, STEPHEN**
STREET ADDRESS **3950 HILL TERRACE DR**
CITY-ST-ZIP **JACKSONVILLE FL 32246**

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

TITLE **TR** ☐ Delete
NAME **ROUSE, MILLARD**
STREET ADDRESS **3475 SANDBURG RD**
CITY-ST-ZIP **JACKSONVILLE FL 32277**

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:

Houston White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-4-02

642-3996

CP2E037 (9/01)