

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765844

1. Entity Name

FIRST UNITED METHODIST CHURCH OF LUTZ, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90128 004 ****61.25

Principal Place of Business 19300 2ND ST. NW LUTZ FL 33549 US	Mailing Address PO BOX 217 LUTZ FL 33549 4202 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 207 W Lutz Lakefern Rd	3. Mailing Address same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Lutz FL	City & State
Zip 33549	Country USA

4. FEI Number **59-0751925** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HEARNE, FRANK
~~207 E. KENNEDY AVE., SUITE 2045~~
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name: **Hearne, Frank**
Street Address (P.O. Box Number is Not Acceptable): **18400 Timberline Dr**
Lutz
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 _____ (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 D	CROUCH, OSCAR SR 3309 ALAMAR ST. LUTZ FL	TITLE D	Betty Roberts 18228 Dollybrook Lane Lutz, FL 33549
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D	SCHWABEL, LEXIE 16514 SILVERHILL DR. TAMPA FL 33624	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D	GUFFEY, JOHN 7805 PINEVIEW DR. ODESSA FL	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D	HIMES, TIM 2012 MEADOWBROOK DR LUTZ FL 33549-5216	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D	Betty Roberts 18228 Dollybrook Lane Lutz FL 33549	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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] 1/20/2000 813-286-1711 ext 7474
Date Daytime Phone #