2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State
02-01-2000 90067 031 ****61.25

DOCUMENT # 831747

1. Entity Name

UNITED METHODIST CHILDREN'S HOME

Principal Place of Business	Mailing Address
1712 BROAD STREET P.O. BOX 859 SELMA AL 36702-7859	1712 BROAD STREET P.O. BOX 859 SELMA AL 36702-0859

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: P.O. BOX 830	Suite, Apt. #, etc.: P.O. BOX 830
City & State: SELMA, AL 36702-0830	City & State: SELMA, AL 36702-0830
Zip / Country	Zip / Country

4. FEI Number: 63-0302145 — 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
MURPHY, JUDY 3441 CAMELOT PLACE MILTON FL 32583	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BATSON, RICHARD T 169 CAHABA VALLEY PKWY BIRMINGHAM AL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LISENBY, JOE P.O. BOX 85 TROY, AL 36081-0851	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FVPD BOWERS, SALLY CLARK 1310 SPRING VALLEY RD SYLACAUCA AL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FVPD PHILLIPS, MARION 217 CARNOUSTIE BIRMINGHAM, AL 35242	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LAWSON, NORA 142 ELM DR MONTGOMERY AL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVPD SHACKELFORD, ALFRED 898 ARKADELPHIA RD. BIRMINGHAM, AL 35204	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MIXSON, IMOGENE P O BOX 156 N/A OZARK AL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TT BURSON, BRUCE B 44 LAMAR AVENUE SELMA AL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED MCLAUGHLIN, ROY 1712 BROAD STREET SELMA AL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Roy McLaughlin 1/26/2000 (334)875-7283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #