2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State
02-20-2002 90126 032 ****61.25

DOCUMENT # 831747

1. Entity Name

UNITED METHODIST CHILDREN'S HOME

Principal Place of Business	Mailing Address
O BOX 830 ELMA AL 36702-7859	PO BOX 830 SELMA AL 36702-7859

DO NOT WRITE IN THIS SPACE

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 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

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		
TLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
ME	LISENBY, JOE		NAME		
REET ADDRESS	PO BOX 83		STREET ADDRESS		
TY-ST-ZIP	TROY AL 36081-0851		CITY-ST-ZIP		
TLE	FVPD	☐ Delete	TITLE		☐ Change ☐ Addition
ME	PHILLIPS, MARION		NAME		
REET ADDRESS	217 CARNOUSTLE		STREET ADDRESS		
TY-ST-ZIP	BIRMINGHAM AL 35242		CITY-ST-ZIP		
TLE	SVPD	☐ Delete	TITLE		☐ Change ☐ Addition
ME	FURIO JR, PETE REV		NAME		
REET ADDRESS	221 CRESTLAKE DRIVE		STREET ADDRESS		
TY-ST-ZIP	BIRMINGHAM AL 35244		CITY-ST-ZIP		
TLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
ME	MIXSON, IMOGENE		NAME		
REET ADDRESS	P O BOX 156 N/A		STREET ADDRESS		
TY-ST-ZIP	OZARK AL		CITY-ST-ZIP		
TLE	TT	☐ Delete	TITLE		☐ Change ☐ Addition
ME	BURSON, BRUCE B		NAME		
REET ADDRESS	44 LAMAR AVENUE		STREET ADDRESS		
TY-ST-ZIP	SELMA AL		CITY-ST-ZIP		
TLE	ED	☐ Delete	TITLE		☐ Change ☐ Addition
ME	MCLAUGHLIN, ROY		NAME		
REET ADDRESS	1712 BROAD STREET		STREET ADDRESS		
TY-ST-ZIP	SELMA AL		CITY-ST-ZIP		

CR2E037 (9/01)

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 ED 1/30/02 (334) 875-7283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #