

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90020 030 \*\*\*61.25

**DOCUMENT # N00000002505**

1. Entity Name

**THE BOARD OF TRUSTEE OF THE TALLAHASSEE DISTRICT  
 PARSONAGE OF THE UNITED METHODIST CHURCH, INC.**

Principal Place of Business

Mailing Address

**P.O. BOX 13766  
 TALLAHASSEE FL 32317**

**P.O. BOX 13766  
 TALLAHASSEE FL 32317**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WEAVER, REV. CHARLES E  
 1537 LEE AVE.  
 TALLAHASSEE FL 32303**

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	CP	<input type="checkbox"/> Delete
NAME	GOODWIN, ALINDA	
STREET ADDRESS	2800 SHAMROCK SOUTH	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>SMITH, KELLY</del>	
STREET ADDRESS	<del>8013 DEER LAKE ROAD</del>	
CITY-ST-ZIP	<del>TALLAHASSEE FL 32312</del>	
TITLE	D	<input type="checkbox"/> Delete
NAME	HODGES, BARBARA	
STREET ADDRESS	895 W WASHINGTON STREET	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	D	<input type="checkbox"/> Delete
NAME	VAUGHN, VIRGINIA	
STREET ADDRESS	1832 OX BOTTOM LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCLELLAN, ART	
STREET ADDRESS	P O BOX 1086	
CITY-ST-ZIP	TALLAHASSEE FL 32302	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEEN, MORRIS	
STREET ADDRESS	P O BOX 604	
CITY-ST-ZIP	PERRY FL 32357	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jerry Hicks	
STREET ADDRESS	5888 Pambridge Pl	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Alinda Goodwin*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-02 850-893-1116  
 Date Daytime Phone #

CR2E037 (9/01)