


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90501 008 ****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 **P.O. BOX 13766**
TALLAHASSEE FL 32317 **TALLAHASSEE FL 32317**

2. Principal Place of Business 3. Mailing Address

3370 Capital Circle NE **P.O. Box 13766**

Suite, Apt. #, etc. Suite, Apt. #, etc.


C-1

City & State City & State

Tallahassee, FL **FL Tallahassee, FL**

Zip Country Zip Country

32308 **LEON** **32317** **LEON**



CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> Delete
NAME	GOODWIN, ALINDA	
STREET ADDRESS	2800 SHAMROCK SOUTH	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input type="checkbox"/> Delete
NAME	HICKS, JERRY	
STREET ADDRESS	5893 PEMBRIDGE PL	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HODGES, BARBARA	
STREET ADDRESS	895 W WASHINGTON STREET	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	D	<input checked="" 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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	Lillian Anthamatten	
STREET ADDRESS	9721 Moccasin Gap Rd.	
CITY-ST-ZIP	Tallahassee, FL 32309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jacqueline Barringer	
STREET ADDRESS	6597 Man-o-War	
CITY-ST-ZIP	Tallahassee, FL 32308	
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* **ALINDA GOODWIN** **Alinda Goodwin 1-14-03 850-893-1116**

CR2E037 (10/02)