

# 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

P.O. BOX 13766  
TALLAHASSEE FL 32317

Mailing Address

P.O. BOX 13766  
TALLAHASSEE FL 32317

2. Principal Place of Business

**3370 Capital Circle NE**

Suite, Apt. #, etc.

**C-1**

City & State

**Tallahassee, FL**

Zip

**32308**

Country

**LEON**

3. Mailing Address

**P.O. Box 13766**

Suite, Apt. #, etc.

**FL**

**Tallahassee, FL**

Zip

**32317**

Country

**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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CP** ☐ Delete  
NAME **GOODWIN, ALINDA**  
STREET ADDRESS **2800 SHAMROCK SOUTH**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete  
NAME **HICKS, JERRY**  
STREET ADDRESS **5893 PEMBRIDGE PL**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☒ Delete  
NAME **HODGES, BARBARA**  
STREET ADDRESS **895 W WASHINGTON STREET**  
CITY-ST-ZIP **MONTICELLO FL 32344**

TITLE ☐ Change ☐ Addition  
NAME **Lillian Anthamatten**  
STREET ADDRESS **9721 Moccasin Gap Rd.**  
CITY-ST-ZIP **Tallahassee, FL 32309**

TITLE **D** ☒ Delete  
NAME **VAUGHN, VIRGINIA**  
STREET ADDRESS **1832 OX BOTTOM LANE**  
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE ☐ Change ☐ Addition  
NAME **Jacqueline Barringer**  
STREET ADDRESS **6597 Man-o-War**  
CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE **D** ☐ Delete  
NAME **MCCLELLAN, ART**  
STREET ADDRESS **P O BOX 1086**  
CITY-ST-ZIP **TALLAHASSEE FL 32302**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete  
NAME **STEEN, MORRIS**  
STREET ADDRESS **P O BOX 604**  
CITY-ST-ZIP **PERRY FL 32357**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
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: **Alinda Goodwin** 1-14-03 850-893-1116

CR2E037 (10/02)