

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90088 009 *****61.25

DOCUMENT # N01000003943

1. Entity Name

SPARR UNITED METHODIST FOUNDATION, INC.



Principal Place of Business

**13100 NE JACKSONVILLE ROAD
SPARR FL 32192**

Mailing Address

**PO BOX 777
SPARR FL 32192**

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 **59-3729519**

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

**TEUTON, TERRY
5160 N E 136TH PLACE
ANTHONY FL 32617**

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 **X**

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	PD	<input type="checkbox"/> Delete
NAME	TEUTON, TERRY	
STREET ADDRESS	5160 N E 136TH PLACE	
CITY-ST-ZIP	ANTHONY FL 32617	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JONES, J D	
STREET ADDRESS	13808 N MAGNOLIA AVENUE	
CITY-ST-ZIP	CITRA FL 32113	
TITLE	SD	<input type="checkbox"/> Delete
NAME	POWELL, JANE M	
STREET ADDRESS	10791 NE 220TH ST	
CITY-ST-ZIP	ORANGE SPRINGS FL 32182	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GRAHAM, BETTY G	
STREET ADDRESS	4380 N E 24TH COURT	
CITY-ST-ZIP	OCALA FL 34479	
TITLE	D	<input type="checkbox"/> Delete
NAME	POWELL, WILLIAM B JR.	
STREET ADDRESS	10791 NE 220TH ST	
CITY-ST-ZIP	ORANGE SPRINGS FL 32182	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	IRWIN, DARLENE L	
STREET ADDRESS	1300 E HWY 329	
CITY-ST-ZIP	SPARR FL 32192	

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYNNOR GOODWIN
STREET ADDRESS	19549 N. US 301
CITY-ST-ZIP	CITRA, FL 32113

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: **X** *Terry Teuton* **REQUIRED**

4/9/03

CR2E037 (10/02)