

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

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90307 022 ****61.25

DOCUMENT # N02000009363

1. Entity Name

**THE FIRST UNITED METHODIST CHURCH OF PLANT CITY,
FLORIDA, INC.**



Principal Place of Business

**303 NORTH EVERS STREET
PLANT CITY FL 33563**

Mailing Address

**303 NORTH EVERS STREET
PLANT CITY FL 33563**

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 **59-0725541**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRINKLE, ROBERT S
121 NORTH COLLINS STREET
PLANT CITY FL 33563**

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
After September 10, 2003, min will be \$236.25**

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** ☐ Delete
NAME **KIRKWOOD, KEVIN**
STREET ADDRESS **1001 NORTH ROUX STREET**
CITY-ST-ZIP **PLANT CITY FL 33563**

TITLE **D** ☒ Change ☐ Addition
NAME **KIRKWOOD, KEVIN**
STREET ADDRESS **1001 NORTH ROUX STREET**
CITY-ST-ZIP **PLANT CITY, FL 33563**

TITLE **D** ☐ Delete
NAME **MUSSELWHITE, WILLIAM**
STREET ADDRESS **1607 WOODSIDE DRIVE**
CITY-ST-ZIP **PLANT CITY FL 33563**

TITLE **PD** ☒ Change ☐ Addition
NAME **MUSSELWHITE, WILLIAM**
STREET ADDRESS **1607 WOODSIDE DRIVE**
CITY-ST-ZIP **PLANT CITY, FL 33566**

TITLE **SD** ☐ Delete
NAME **WALDEN, CHARLOTTE**
STREET ADDRESS **1104 NORTH PALM DRIVE**
CITY-ST-ZIP **PLANT CITY FL 33563**

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

TITLE **D** ☐ Delete
NAME **WICKER, WILLIAM DR.**
STREET ADDRESS **3205 HAWTHORNE CT**
CITY-ST-ZIP **PLANT CITY FL 33566**

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

TITLE **D** ☐ Delete
NAME **BUTCHER, DAVID**
STREET ADDRESS **808 SYLVAN DRIVE**
CITY-ST-ZIP **PLANT CITY FL 33563**

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

TITLE **D** ☒ Delete
NAME **CLUTTER, DAVID**
STREET ADDRESS **201 JOHNSON LOOP**
CITY-ST-ZIP **PLANT CITY F; 33566**

TITLE **VPD** ☒ Change ☒ Addition
NAME **ROBERT S. EDWARDS**
STREET ADDRESS **2815 HAMMOCK DR.**
CITY-ST-ZIP **PLANT CITY, FL 33566**

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:

William Musselwhite President 7/15/03

CR2E037 (4/03)