

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Sep 15, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90080 004 \*\*\*\*70.00  
09-15-2000 90014 050 \*\*\*\*61.25

AAU10001



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N21969**

1. Entity Name

**THE FIRST SOUTHERN METHODIST CHURCH, INC.**



Principal Place of Business

Mailing Address

103 WEST JOHNSON ROAD  
PLANT CITY FL 33566-5766

103 WEST JOHNSON ROAD  
PLANT CITY FL 33566-5766

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

**59-2370184**

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

**TWEADY, LINDA**  
**26 VIOLET STREET**  
**PLANT CITY FL 33567**

Name **RICHARD K. RAWLS**

Street Address (P.O. Box Number is Not Acceptable)

**609 S. Wiggins Rd.**

City **Plant City, FL**

Zip Code **33566**

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**

**After September 13, 2000 min. will be \$236.25**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>TWEADY, LINDA L</b><br><b>26 VIOLET STREET</b><br><b>PLANT CITY FL 33567</b>     | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD</b><br><b>DORSEY, LAURENT</b><br><b>1610 MERIDITH PLACE</b><br><b>PLANT CITY FL 33567</b> | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PTD</b><br><b>TWEADY, NANCY J</b><br><b>26 VIOLET STREET</b><br><b>PLANT CITY FL 33567</b>   | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>TWEADY, SIDNEY M</b><br><b>1010 WARREN STREET</b><br><b>PLANT CITY FL 33566</b>  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>RAWLES, RICHARD</b><br><b>503 WIGGINS ROAD</b><br><b>PLANT CITY FL</b>           | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>BUTI, WILA M</b><br><b>4105 MUD LAKE RD</b><br><b>PLANT CITY FL</b>              | <input type="checkbox"/> Delete            |

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DIRECTOR-PRESIDENT</b><br><b>RICHARD K. RAWLS</b><br><b>609 S. WIGGINS RD</b><br><b>PLANT CITY, FL. 33566</b> | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TREASURER</b><br><b>LAURENT DORSEY</b><br><b>1610 MERIDITH PLACE</b><br><b>PLANT CITY, FL. 33567</b>          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SECRETARY</b><br><b>LINDA L. TWEADY</b><br><b>26 VIOLET STREET</b><br><b>PLANT CITY, FL. 33567</b>            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**

**9/10/00**

Date

Daytime Phone #

CR2E037 (5/00)