

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90110 039 ****61.25

DOCUMENT # N21969

1. Entity Name

THE FIRST SOUTHERN METHODIST CHURCH, INC.

Principal Place of Business -

103 WEST JOHNSON ROAD
 PLANT CITY FL 33566-5766
33567

Mailing Address

103 WEST JOHNSON ROAD
 PLANT CITY FL 33566-5766
33567

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2370184

Applied For

Not Applicable

Zip

Country

Zip

Country

33567

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 **Darlene Rawls**

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

609 S. Wiggins Rd.

City **Plant City, FL**

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

Darlene Rawls

1-21-01

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	C, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Darlene Rawls	
STREET ADDRESS	609 S. Wiggins Rd.	
CITY-ST-ZIP	Plant City, FL 33566	
TITLE	T, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAURENT DORSEY	
STREET ADDRESS	1610 Meridith Place	
CITY-ST-ZIP	Plant City, FL 33567	
TITLE	D,	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ceron Rawls-Buti	
STREET ADDRESS	802 Crest Top Trail	
CITY-ST-ZIP	Valrico, FL.	
TITLE	P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Rawls	
STREET ADDRESS	609 S. Wiggins Rd.	
CITY-ST-ZIP	Plant City, FL 33566	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Margaret Grace	
STREET ADDRESS	2203 N. Gordon St.	
CITY-ST-ZIP	Plant City, FL 33566	
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:

Darlene Rawls

1-21-01

813-752-6439

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)