

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90158 031 ****61.25

DOCUMENT # N25298
 Entity Name
HANSON UNITED METHODIST CHURCH, INC.

Principal Place of Business Mailing Address
 O. BOX 513 P.O. BOX 513
 MADISON FL 32341 MADISON FL 32341

00029370



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **NOT APPLICABLE** Applied For / Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
PULLIAM, JIM, JR
RT 2 BOX 545
MADISON FL 32340

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

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	
NAME STREET ADDRESS CITY-ST-ZIP CT ROLLING, SONNY RT-2 BOX 275 MADISON FL 32340	<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-ST-ZIP PULLIAM, JAMES C RT 2 BOX 542 MADISON FL 32340	<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-ST-ZIP DWAYNE, BUCHANAN RT. BOX 329 MADISON FL 32340	<input checked="" type="checkbox"/> Delete
NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Tommy Morse</i> <i>8801 NE Colon Holly Hwy</i> <i>Pineetta, Fl. 32350</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Wilmer Strickland*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-02 *860-973-6653*
 Date Daytime Phone #

CR2E037 (9/01)