

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

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90145 028 \*\*\*\*61.25

UBR7301

**DOCUMENT # N25298**

1. Entity Name

**HANSON UNITED METHODIST CHURCH, INC.**



Principal Place of Business

P.O. BOX 513  
MADISON FL 32341

Mailing Address

P.O. BOX 513  
MADISON FL 32341

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

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

**PULLIAM, JIM, JR**  
**RT 2 BOX 545**  
**MADISON FL 32340**

Name **Pulliam, Jim, Jr.**  
Street Address (P.O. Box Number is Not Acceptable)  
**459 N.E. Daylily Ave.**  
**Madison, FL 32340**  
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 **Jim Pulliam, Jr., Lay Leader**

Signature, typed or printed name of registered agent and title if applicable.

*James W. Pulliam* 19-1-03  
(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	<b>CT</b>	<input type="checkbox"/> Delete
NAME	<b>ROLLING, SONNY</b>	
STREET ADDRESS	<b>RT 2 BOX 275</b>	
CITY-ST-ZIP	<b>MADISON FL 32340</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>PULLIAM, JAMES C</b>	
STREET ADDRESS	<b>RT 2 BOX 542</b>	
CITY-ST-ZIP	<b>MADISON FL 32340</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>MORSE, TOMMY</b>	
STREET ADDRESS	<b>8801 N.E. COLON KELLY HWY.</b>	
CITY-ST-ZIP	<b>PINETTA FL 32350</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>CT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Rollings Warner (Sonny)</b>	
STREET ADDRESS	<b>6894 N.E. Colin Kelly Hwy.</b>	
CITY-ST-ZIP	<b>Madison, FL 32340</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Pulliam, James C.</b>	
STREET ADDRESS	<b>543 N.E. Daylily Ave.</b>	
CITY-ST-ZIP	<b>Madison, FL 32340</b>	
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		

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 information empowered.

SIGNATURE: *Sonny Rolling* **Sonny Rolling** 1-15-03 850-929-9135

CR2E037 (11/02)