## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 02, 2000 8:00 am Secretary of State **DOCUMENT # N29407** 1. Entity Name FOREST UNITED METHODIST CHURCH, INC. 03-02-2000 90021 012 \*\*\*\*61.25 Principal Place of Business Mailing Address 17635 EAST HIGHWAY 40 17635 EAST HIGHWAY 40 SILVER SPRINGS FL 34488-5646 SILVER SPRINGS FL 32688 DOOMITOO 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number ZB59-3379858 Applied For City & State City & State Not Applicable Country Zip Country Zip **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HARRY PENCE Street Address (P.O. Box Number is Not Acceptable) PAOLUCCI, AL 18533 S.E. 20TH PL 17956 SE 28th LANE ROAD SILVER SPRINGS FL 34488 City SILVER SPRINGS z**g.[1988** 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 Feb. 18.2000 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. **Department of State FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Chairman Trustees ☐ Addition Delete TITLE TITLE HARRY PENCE PAOLUCCI, AL NAME NAME STREET ADDRESS 17956 SE 28th LANE ROAD STREET ADDRESS 18533 S.E. 20TH PL. CITY-ST-ZIP CITY-ST-ZIP SILVER SPRINGS FL 34488 ☐ Addition VC TITLE . . Delete TITLE Change NAME REDMOND, JIM NAME ED DUBOIS STREET ADDRESS STREET ADDRESS **18650 SE 53RD PLACE** 2211 NE 115th AVENUE CITY-ST-ZIP CITY-ST-ZIP OKLAWAHA FL 32179 <u>STLVER "SPRINGS" FL" 31/1/88</u> Sect. Change Addition TITLE Delete TITLE KAREN HAYNES Jones, Wanda NAME STREET ADDRESS 371 SE 165 CT RD STREET ADDRESS 14701 NE 10th PL. SILVER SPRINGS FL 34488 CITY-ST-ZIP CITY-ST-ZIP <u>SILVER SPRINGS FL 34488</u> TITLE ☐ Change ☐ Addition TITLE Delete NAME JONES, CHARLES NAME ROBERT ASH STREET ADDRESS STREET ADDRESS 16400 S.E. 3RD ST. 2030 SE 171 COURT CITY-ST-ZIP CITY-ST-ZIP SILVER SPRINGS FL SILVER SPRINGS FL 30188 TITLE ☐ Change ☐ Addition TITLE Delete BILL DeLOATCHE NAME STEVENS BETTY L. NAME 1748 SE 164th CIRCLE STREET ADDRESS STREET ADDRESS 17475 S.E. 18TH ST. OCKLAWAHA FL 32179 CITY-ST-ZIP CITY-ST-ZIP SILVER SPRINGS FL Delete TITI F ☐ Change ☐ Addition TITLE SE 158th COURT MCLEOD, DON JR. NAME NAME OCKLAWAHA FL 32179 STREET ADDRESS STREET ADDRESS 1532 S.E. 188 AVE. CITY-ST-ZIP CITY-ST-ZIP SILVER SPRINGS FL 12. I hereby certify that the information supplied with this filling 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.