

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90119 018 \*\*\*\*70.00

**DOCUMENT # N31523**

1. Entity Name

**TALLAHASSEE HEIGHTS UNITED METHODIST CHURCH, INC**

Principal Place of Business

Mailing Address

**3004 MAHAN DR  
TALLAHASSEE FL 32308-5506**

**3004 MAHAN DR  
TALLAHASSEE FL 32308-5506**

124533

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

**59-1821518**

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

**COLE, TERRY  
3004 MAHAN DR  
TALLAHASSEE FL 32308**

Name

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

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete  
NAME **ELMORE, CHUCK**  
STREET ADDRESS **1849 WAGON WHEEL CIR**  
CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE ☒ Change ☒ Addition  
NAME **Jerry Jones**  
STREET ADDRESS **5419 Easton Pointe Way**  
CITY-ST-ZIP **Tallaha**

TITLE ☐ Delete  
NAME **BIZZELL, DON**  
STREET ADDRESS **2010 LEE AVE.**  
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE ☐ Change ☒ Addition  
NAME **Trustee**  
NAME **Lloyd, Larry**  
STREET ADDRESS **1849 Wagon Wheel Circle**  
CITY-ST-ZIP **Tallahassee, FL 32317-7440**

TITLE ☐ Delete  
NAME **JERRY, JAMES**  
STREET ADDRESS **5419 EASTON POINT WAY**  
CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE ☒ Change ☐ Addition  
NAME **Trustee Chair**  
NAME **Jones, Jerry**  
STREET ADDRESS **5419 Easton Pointe Way**  
CITY-ST-ZIP **Tallahassee FL 32311-1406**

TITLE ☐ Delete  
NAME **MIDDLETON, BRIAN**  
STREET ADDRESS **2832 CAREY LN**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Change ☒ Addition  
NAME **Trustee**  
NAME **DeLoach, Don**  
STREET ADDRESS **5414 Pinderton Way**  
CITY-ST-ZIP **Tallahassee, FL 32317-1410**

TITLE ☐ Delete  
NAME **MELDER, MIKE**  
STREET ADDRESS **711 RED FERN RD.**  
CITY-ST-ZIP **TALL FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jerry Jones**

**1-14-01**

**(850) 656-8444**

Date

Daytime Phone #

CR2E037 (9/01)