

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90129 048 ****61.25

DOCUMENT # N37334

1. Entity Name

**FIRST UNITED METHODIST CHURCH OF FORT WALTON BEA
CH, FLORIDA EMERGENCY SHELTER FAMILY HOME, INC.**

Principal Place of Business

Mailing Address

**103 FIRST STREET. SE
FT. WALTON BEACH FL 32548**

**103 FIRST STREET. SE
FT. WALTON BEACH FL 32548**

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

59-3046742

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

**WILLIAMS, SARAH P
103 FIRST ST
FORT WALTON BEACH FL 32548**

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 **D** ☐ Delete
NAME **MC GEE, JOHN**
STREET ADDRESS **135 PERRY AVENUE**
CITY-ST-ZIP **FT WALTON BEACH FL 32548**

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

TITLE **PD** ☐ Delete
NAME **THOMAS, GORDON**
STREET ADDRESS **731 FOREST SHORES DRIVE**
CITY-ST-ZIP **MARY ESTHER FL 32569**

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

TITLE **V** ☐ Delete
NAME **PETERSON, GLENNON**
STREET ADDRESS **640 W. SUNSET BOULEVARD**
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

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

TITLE **ST** ☐ Delete
NAME **WILLIAMS, SARAH N**
STREET ADDRESS **108 OPP BOULEVARD**
CITY-ST-ZIP **FT. WALTON BCH FL 32548**

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

TITLE **D** ☐ Delete
NAME **HUMGARDNER, FLORENCE**
STREET ADDRESS **101 OLD FERRY RD., UNIT 28 B**
CITY-ST-ZIP **SHALIMAR FL 32579**

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

TITLE **D** ☐ Delete
NAME **MILLER, CAROLINE**
STREET ADDRESS **91 BAYWINDS DRIVE**
CITY-ST-ZIP **DESTIN FL 32541**

☐ Change ☐ Addition
TITLE
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:

Sarah P. Williams, Treasurer
SARAH P. WILLIAMS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-16-02 850 243 3519

CR2E037 (9/01)