

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 23, 2001 8:00 am
Secretary of State

04-12-2001 90162 028 ****61.25

DOCUMENT # N43366
1. Entity Name
FIRST UNITED METHODIST CHURCH OF CHIEFLAND, INC.

Principal Place of Business Mailing Address
BOX 1086 BOX 1086
CHIEFLAND FL 32626 CHIEFLAND FL 32626



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suits, Apt. #, etc. Suits, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number Applied For
59-2338375 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BEAUCHAMP, GREGORY V.
107 E. PARK AVE.
CHIEFLAND FL 32626

7. Name and Address of New Registered Agent
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 DATE
Signature, typed or printed name of registered agent and so on if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BEAUCHAMP, GREGORY V 107 E PARK AVE CHIEFLAND FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MENASCO, JAMES L 137TH LANE CHIEFLAND FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOST, PAUL STEVEN 9350 SW 14 ST CHIEFLAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, JAMES H 17361 NW 83RD CT CHIEFLAND FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, WILHENA 1205 W PARK CHIEFLAND FL	<input type="checkbox"/> Delete
TITLE 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	P Mary Boshell 327 NE 6th Ave. Chiefland, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Herbert Jesk 10994 NW 72nd CT. Chiefland, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Jost, Paul Steven 9350 SW 14 St., Chiefland, FL	<input checked="" 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	D Wilson, Wilhena 1205 W Park, Chiefland, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 OF REGISTERED OFFICER OR DIRECTOR Date: 2/28/2001 (352) 493-4627

CR20017 (10/00)