

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-10-2002 90462 026 ****61.25

DOCUMENT # N43366

1. Entity Name

FIRST UNITED METHODIST CHURCH OF CHIEFLAND, INC.

Principal Place of Business

Mailing Address

BOX 1086
 CHIEFLAND FL 32626

BOX 1086
 CHIEFLAND FL 32626

02494

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

59-2338375

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

BEAUCHAMP, GREGORY V.
107 E. PARK AVE.
CHIEFLAND FL 32626

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 Contribution

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

No!

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	RD	<input checked="" type="checkbox"/> Delete
NAME	BOSHELL, MARY	
STREET ADDRESS	327 NE 6TH AVE.	
CITY-ST-ZIP	CHIEFLAND FL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	JESK, HERBERT	
STREET ADDRESS	110994 NW 72ND CT.	
CITY-ST-ZIP	CHIEFLAND FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	JOSE, PAUL STEVEN	
STREET ADDRESS	9350 SW 14 ST	
CITY-ST-ZIP	CHIEFLAND FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	WILSON, WILLENA	
STREET ADDRESS	1205 W PARK	
CITY-ST-ZIP	CHIEFLAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jesk, Herbert	
STREET ADDRESS	10994 NW 72nd Ct.	
CITY-ST-ZIP	Chiefland, FL 32626	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pollock, Gene	
STREET ADDRESS	107 SE 4th St.	
CITY-ST-ZIP	Chiefland, FL 32626	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wilson, Wihlena	
STREET ADDRESS	1205 W. Park Ave.	
CITY-ST-ZIP	Chiefland, FL 32626	
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		

CR2E037 (9/01)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/02

Date

Daytime Phone #