

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50907

1. Entity Name

SAINT MARY CHRISTIAN METHODIST EPISCOPAL CHURCH,

Principal Place of Business
PO BOX 11
MOUNT PLEASANT FL 32352-0011

Mailing Address
PO BOX 11
MOUNT PLEASANT FL 32352-0011

FILED

00 JAN 20 PM 3: 48

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2916242**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**JOHNSON, SANDRA
RT 5 BOX 57-C
QUINCY FL 32351**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**S/TR
LESIA HURCHINS OLIVER
RT. 5, BOX 81
QUINCY FL 32351** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**800003114488--6
-01/28/00--01054--010
*****61.25 *****61.25** ☐ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TR
JACKSON, RONNIE
RT. 5, BOX 80
QUINCY FL 32351** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CHAR
Hurchins, Reginald
1740 Riverbitch Hollow
Tallahassee, FL 32308** ☒ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C/TR
HURCHINS, FREDDIE L
RT. 1, BOX 1821-K
HAVANA FL 32333** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TR
JAMES, Carolyn
347 Ranch Rd.
Quincy, FL 32351** ☒ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CHAR
MOORE, FRANKLIN
RT. 5, BOX 258
QUINCY FL 32351** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TR
JAMES, Carolyn
347 Ranch Rd.
Quincy, FL 32351** ☒ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TR
WRIGHT, ADA
RT. 5, BOX 82
QUINCY FL 32351** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TR
JAMES, Carolyn
347 Ranch Rd.
Quincy, FL 32351** ☒ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
JOHNSON, SANDRA
RT. 5, BOX 57-C
QUINCY FL 32351** ☐ Delete

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

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:

Freddie L. Hurchins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-00

891-6574