

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90018 045 ****61.25

DOCUMENT # **N51132**
 1. Entity Name
FIRST UNITED METHODIST CHURCH OF TAVARES, FLORIDA, INC

Principal Place of Business Mailing Address
 601 N. Barrow Ave P.O. Box 1086
 Tavares, FL 32778 Tavares, FL 32778

C0066412

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 **59-0861877** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Jones, Denman A.
601 N. Barrow Ave
Tavares, FL 32778

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 *Joyce A Allen*
 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

TITLE	C	<input type="checkbox"/> Delete
NAME	Allen, Joyce	
STREET ADDRESS	3222 Myakka River Rd	
CITY-ST-ZIP	Tavares, FL 32778	
TITLE	T	<input type="checkbox"/> Delete
NAME	Baker, Doris	
STREET ADDRESS	31913 Tracy Lane	
CITY-ST-ZIP	Tavares, FL 32778	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	Hanson, Ivadellie	
STREET ADDRESS	1300 Orange Ave	
CITY-ST-ZIP	Tavares, FL 32778	
TITLE	T	<input type="checkbox"/> Delete
NAME	Minkoff, Sandy	
STREET ADDRESS	1796 Virginia Ct	
CITY-ST-ZIP	Tavares, FL 32778	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	Wilson, Stan	
STREET ADDRESS	1111 Ben Hope Dr	
CITY-ST-ZIP	Leesburg, FL 34788	
TITLE	T	<input type="checkbox"/> Delete
NAME	Dillard, Frank	
STREET ADDRESS	11301 Dead River Rd	
CITY-ST-ZIP	Tavares, FL 32778	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jennings, Richard	
STREET ADDRESS	1233 Elkhart Circle	
CITY-ST-ZIP	Tavares, FL 32778	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Duff, Bob	
STREET ADDRESS	11337 Pine Ridge Rd	
CITY-ST-ZIP	Leesburg, FL 34788	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ward, Jo	
STREET ADDRESS	2195 E. Crooked Lake Dr	
CITY-ST-ZIP	Eustis, FL 32726	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hager, Bob	
STREET ADDRESS	12145 Helena Ct	
CITY-ST-ZIP	Leesburg, FL 34788	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rose, Don	
STREET ADDRESS	443 Laura Lane	
CITY-ST-ZIP	Mt. Dora, FL 32757	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Joyce A Allen*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)