

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

02-19-2001 90057 014 ****61.25

DOCUMENT # N51132

1. Entity Name

FIRST UNITED METHODIST CHURCH OF TAVARES, FLORID

Principal Place of Business

601 N. BARROW AVE.
 TAVARES FL 32778
 US

Mailing Address

PO BOX 1086
 TAVARES FL 32778



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-0861877

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JAMES, DENHAM A.
 601 N. BARROW AVE.
 TAVARES FL 32778

7. Name and Address of New Registered Agent

Name

Jones, Denman A.

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
C	ALLEN, JOYCE	3222 MYAKKA RIVER RD	TAVARES FL 32778	<input checked="" type="checkbox"/>
T	BAKER, DORIS N.	31913 TRACY LANE	TAVARES FL	<input checked="" type="checkbox"/>
T	WARD, JO	2195 E. CROOKED LAKE DR.	LEESBURG FL 34788	<input checked="" type="checkbox"/>
T	MINKOFF, SANDY	1796 VIRGINIA CT	TAVARES FL 32778	<input type="checkbox"/>
T	ROSE, DON	443 LAURA LN	MOUNT DORA FL 32757	<input type="checkbox"/>
T	DILLARD, FRANK	11301 DEAD RIVER RD	TAVARES FL 32778	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
C	Wolfe, Mary	1403 Cove Place	TAVARES, FL 32778	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	Stinson, Paula	P.O. Box 673	TAVARES, FL 32778	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	Moulton, Richard	1750 N. New Hampshire Ave	TAVARES, FL 32778	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	Hanson, Ivadelle	1300 Orange Ave	TAVARES, FL 32778	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

2-16-2001

Date

Daytime Phone #

CR2E037 (10/00)