

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90087 044 ****61.25

DOCUMENT # N51132

1. Entity Name

FIRST UNITED METHODIST CHURCH OF TAVARES, FLORID A, INC.

Principal Place of Business

Mailing Address

601 N. BARROW AVE.
 TAVARES FL 32778
 US

PO BOX 1086
 TAVARES FL 32778

2. Principal Place of Business

600 W. Ianthe Street

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tavares Florida

City & State

4. FEI Number

59-0861877

Applied For

Not Applicable

Zip

32778

Country

Lake

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

(corrected spelling)

~~JAMES DENHAM~~

Jones, Denman A.

601 N. BARROW AVE.
 TAVARES FL 32778

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	C WOLFE, MARY 1403 COVE PLACE TAVARES FL 32778	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STINSON, PAULA P O BOX 673 TAVARES FL 32778	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOULTON, RICHARD 1750 N NEW HAMPSHIRE AVE TAVARES FL 32778	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MINKOFF, SANDY 1796 VIRGINIA CT TAVARES FL 32778	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSE, DON 443 LAURA LN. MOUNT DORA FL 32757	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HANSON, IVADELLE 1300 ORANGE AVE TAVARES FL 32778	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Moulton, Richard 1750 N New Hampshire Ave Tavares, FL 32778	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Brackett, Jerry 1133 Park Ave Tavares, FL 32778	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Hager, Robert 12145 Helena Ct Leesburg, FL 34788	<input type="checkbox"/> Change - <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Sharpe, Carolyn 32031 Lake Dr Tavares, FL 32778	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Barger, Jeanne 20 Bayberry Dr Leesburg, FL 34788	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Ehrhardt, Walter 426 Sinclair Circle Tavares, FL 32778	<input type="checkbox"/> Change <input checked="" 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)(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: *Richard Moulton*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

(352) 343-2761

Daytime Phone #

CR2E037 (9/01)