


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90829 008 ****61.25

DOCUMENT # N51132

1. Entity Name
FIRST UNITED METHODIST CHURCH OF TAVARES, FLORIDA, INC.



Principal Place of Business
**600 W. LANTHE STREET
TAVARES FL 32778
US**

Mailing Address
**PO BOX 1086
TAVARES FL 32778**

2. Principal Place of Business
600 W. Ianthe Street

3. Mailing Address
Suite, Apt. #, etc.

City & State
Tavares FL

City & State

Zip
32778

Country
USA

Zip
Country

4. FEI Number **59-0861877**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

JONES, DENMAN
601 N. BARROW AVE.
TAVARES FL 32778

600 W. IANTHE ST.

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <input type="checkbox"/> Delete MOULTON, RICHARD 1750 N. NEW HAMPSHIRE AVENUE TAVARES FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete BRACKETT, JERRY 1133 PARK AVENUE TAVARES FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete HAGER, ROBERT 12145 HELENA COURT LEESBURG FL 34788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete SHARPE, CAROLYN 32031 LAKE DRIVE TAVARES FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete ROSE, DON 443 LAURA LN. MOUNT DORA FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete HANSON, IVADELLE 1300 ORANGE AVE TAVARES FL 32778

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Heinecke, Ray 5605 Austin St Leesburg, FL 34788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Goodenough, Robert 434 Peace Rd Tavares, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Barger, Jeanne 20 Bayberry Dr Leesburg, FL 34788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ehrhardt, Walter 426 Sinclair Circle Tavares, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bane, Don 36816 Sundance Dr Grand Island, FL 32735
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Coven, Louise P.O. Box 733 Tavares, FL 32778

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 employed.

SIGNATURE: *Richard C. Moulton*

4/28/03 (352) 343-2761

CR2E037 (10/02)