

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90700 021 \*\*\*\*61.25

**DOCUMENT # N93000000753**

1. Entity Name

**THE DISTRICT BOARD OF TRUSTEES OF THE DELAND DISTRICT OF THE UNITED METHODIST CHURCH, INC.**



Principal Place of Business

**303 E KENTUCKY  
DELAND FL**

Mailing Address

**303 E KENTUCKY  
DELAND FL**

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 **59-2252935**

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

7. Name and Address of New Registered Agent

**BOEHM, J. RICHARD  
435 S RIDGEWOOD AVE  
DAYTONA BEACH FL 32122**

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **MELTON, HUBERT**  
CITY-ST-ZIP **33 FREEPORT LANE  
PALM COAST FL 32137**

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

TITLE ☐ Delete  
NAME **CT**  
STREET ADDRESS **CLEWIS, DOUG REV**  
CITY-ST-ZIP **8 CARRERA STREET  
SAINT AUGUSTINE FL 32084**

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

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **SIMPSON, BRYAN REV**  
CITY-ST-ZIP **252 S SUMMIT STREET  
CRESCENT CITY FL 32112**

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

TITLE ☒ Delete  
NAME **T**  
STREET ADDRESS **TAYLOR, JOAN**  
CITY-ST-ZIP **650 N. JEANNETTE LANE  
DELAND FL 32724**

TITLE ☐ Change ☒ Addition  
NAME **T**  
STREET ADDRESS **Gardner, Charles**  
CITY-ST-ZIP **PO Box 906  
Bunnell, FL 32110**

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **STRICKLIN, OWEN REV**  
CITY-ST-ZIP **115 E HOWRY AVE  
DELAND FL 32724**

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

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **HARTSFIELD, JILL**  
CITY-ST-ZIP **P.O. BOX 4097  
DELTONA FL 32725**

TITLE ☐ Change ☐ 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: **Owen Stricklin**

4/28/03

386-734-5113

CR2E037 (10/02)