

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90249 006 ****61.25

DOCUMENT # N93000003079

1. Entity Name

**FIRST UNITED METHODIST CHURCH OF HAINES CITY, FL
A., INC.**

Principal Place of Business

Mailing Address

**21 S. SECOND ST.
HAINES CITY FL 33844**

**21 S. SECOND ST.
HAINES CITY FL 33844**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1573252

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HALLMAN, DOUGLAS F
1917 PENINSULAR DRIVE
HAINES CITY FL 33844**

Name **R. Charles Boggs Jr.**

Street Address (P.O. Box Number is Not Acceptable)
21 South 2nd Street

City **Haines City**

FL

Zip Code **33844**

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

R. Charles Boggs Jr.

(NOTE: Registered Agent signature required when reinstating)

1-16-02

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 ☒ Delete
NAME **WINCHESTER, ED**
STREET ADDRESS **218 CREST DR.**
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE ☐ Change ☒ Addition
NAME **Winchester, Judy**
STREET ADDRESS **218 Crest Dr.**
CITY-ST-ZIP **Haines City, FL 33844**

TITLE ☐ Delete
NAME **RHOADES, BETTY**
STREET ADDRESS **308 CREST DRIVE**
CITY-ST-ZIP **HAINES CITY FL 33844**

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

TITLE ☒ Delete
NAME **FLOWERS, OWEN**
STREET ADDRESS **P.O. BOX 1447**
CITY-ST-ZIP **HAINES CITY FL 33845**

TITLE ☐ Change ☒ Addition
NAME **Chairman Ben Knott**
STREET ADDRESS **33 Rainbow Lane E.**
CITY-ST-ZIP **Dundee, FL 33838**

TITLE ☐ Delete
NAME **COOK, MAXCINE**
STREET ADDRESS **2494 ST. AUGUSTINE BLVD**
CITY-ST-ZIP **HAINES CITY FL 33844**

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

TITLE ☒ Delete
NAME **GRIBBIN, DAVID**
STREET ADDRESS **6 SANDALWOOD DRIVE**
CITY-ST-ZIP **DAVENPORT FL 33837**

TITLE ☐ Change ☒ Addition
NAME **Secretary Tom Broadway**
STREET ADDRESS **24 Nottingham Way**
CITY-ST-ZIP **HAINES CITY, FL 33844**

TITLE ☐ Delete
NAME **KOCH, GLORIA**
STREET ADDRESS **PO BOX 472**
CITY-ST-ZIP **HAINES CITY FL 33844**

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:

R. Charles Boggs Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/02

CR2E037 (9/01)