

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003406

1. Entity Name

FIRST UNITED METHODIST CHURCH OF HAWTHORNE, INC.

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90113 020 ****61.25

Principal Place of Business

Mailing Address

103 NW FIRST AVE
HAWTHORNE FL 32640

PO BOX 43
HAWTHORNE FL 32640-0043
US

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

59-3208249

Applied For

Not Applicable

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

MARROCCO, ROBERT
103 NW FIRST AVE
HAWTHORNE FL 32640

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	D	<input type="checkbox"/> Delete
NAME	BOX, JANE	
STREET ADDRESS	8905 SE 225TH DR	P.O. Box 1328
CITY-ST-ZIP	HAWTHORNE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	INMAN, OLIVE	
STREET ADDRESS	239 STAR LAKE DR	
CITY-ST-ZIP	HAWTHORNE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WELLONS, LAVERNE	
STREET ADDRESS	3235 SE 122ND TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHALK, ART	
STREET ADDRESS	106 FAYE STREET	
CITY-ST-ZIP	HAWTHORNE FL 32640	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GLASS, MARY	
STREET ADDRESS	PO BOX 41	
CITY-ST-ZIP	HAWTHORNE FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DAYTON, RODRICK	
STREET ADDRESS	14122 SE 201 ST TERR	
CITY-ST-ZIP	HAWTHORNE FL	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jane L. Box	Address only
STREET ADDRESS	P.O. Box 1328	
CITY-ST-ZIP	Hawthorne, FL 32640	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOB FOSTER	
STREET ADDRESS	277 STAR LAKE DRIVE	
CITY-ST-ZIP	HAWTHORNE, FL. 32640	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAULA STAHM	
STREET ADDRESS	22815 EAST COUNTY ROAD 1474	
CITY-ST-ZIP	HAWTHORNE, FL. 32640	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY GLASS	
STREET ADDRESS	P.O. Box 41	
CITY-ST-ZIP	HAWTHORNE, FL. 32640	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODERICK DAYTON	
STREET ADDRESS	14122 SE 201 TERRACE	
CITY-ST-ZIP	HAWTHORNE, FL. 32640	

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: Roderick Dayton (RODERICK DAYTON) 1-25-2000 352-481-4860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (9/99)