

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90002 046 ****61.25

0021071

DOCUMENT # N93000003406

1. Entity Name

FIRST UNITED METHODIST CHURCH OF HAWTHORNE, INC.

Principal Place of Business

Mailing Address

~~103 NW FIRST AVE~~
HAWTHORNE FL 32640

PO BOX 43
HAWTHORNE FL 32640
US

2. Principal Place of Business

21930 SE 67th PL

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

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

MARROCCO, ROBERT
103 NW FIRST AVE
HAWTHORNE FL 32640

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.

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

TITLE **D** ☐ Delete
 NAME **BOX, JANE L**
 STREET ADDRESS **PO BOX 1328**
 CITY-ST-ZIP **HAWTHORNE FL**

TITLE **S** ☐ Delete
 NAME **INMAN, OLIVE**
 STREET ADDRESS **239 STAR LAKE DR**
 CITY-ST-ZIP **HAWTHORNE FL**

TITLE **VD** ☒ Delete
 NAME **FOSTER, BOB**
 STREET ADDRESS **277 STAR LAKE DR**
 CITY-ST-ZIP **HAWTHORNE FL 32640**

TITLE **D** ☒ Delete
 NAME **STAHM, PAULA**
 STREET ADDRESS **22815 EAST COURT ROAD 1474**
 CITY-ST-ZIP **HAWTHORNE FL 32640**

TITLE **P** ☒ Delete
 NAME **GLASS, MARY**
 STREET ADDRESS **PO BOX 41**
 CITY-ST-ZIP **HAWTHORNE FL 32640**

TITLE **VD** ☐ Delete
 NAME **DAYTON, RODRICK**
 STREET ADDRESS **14122 SE 201 ST TERR**
 CITY-ST-ZIP **HAWTHORNE FL 32640**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **Al Dover**
 CITY-ST-ZIP **211 Riley Lake DR**
Hawthorne, FL 32640

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **Vivian Wagner**
 CITY-ST-ZIP **21909 S.E. 69th Ave**
Hawthorne, FL 32640

TITLE ☒ Change ☐ Addition
 NAME **P**
 STREET ADDRESS **Carlos D. Gosnell**
 CITY-ST-ZIP **247 AERMAN DR**
Hawthorne, FL 32640

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:

Carlos D. Gosnell
CARLOS D. GOSNELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 Apr 2001 352 481-1029

Date

Daytime Phone #

CR2E037 (10/00)