

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N93000003406**

1. Entity Name

**FIRST UNITED METHODIST CHURCH OF HAWTHORNE, INC.****FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90164 008 \*\*\*\*61.25

Principal Place of Business

**1930 SE 67TH PLACE  
HAWTHORNE FL 32640**

Mailing Address

**PO BOX 43  
HAWTHORNE FL 32640  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; 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)  
**6932 SE 222nd St.**

City

**FL**

Zip Code

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**

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

NAME D BOX, JANE L PO BOX 1328 HAWTHORNE FL	<input checked="" type="checkbox"/> Delete	TITLE NAME D Titus, John STREET ADDRESS 24902 SE 101st Ave CITY-ST-ZIP Hawthorne, FL 32640	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME S INMAN, OLIVE 239 STAR LAKE DR HAWTHORNE FL	<input checked="" type="checkbox"/> Delete	TITLE NAME S Waller, Leota STREET ADDRESS 124 Ash St. CITY-ST-ZIP Hawthorne, FL 32640	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME D DOVER, AL 211 RILEY LAKE DR HAWTHORNE FL 32640	<input type="checkbox"/> Delete	TITLE NAME D Gosnell, Carlos D. STREET ADDRESS 247 Herman Dr. CITY-ST-ZIP Hawthorne, FL 32640	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME D WAGNER, VIVIAN 21909 SE 69TH AVENUE HAWTHORNE FL 32640	<input type="checkbox"/> Delete	TITLE NAME P Gosnell, Carlos D. STREET ADDRESS 247 Herman Dr. CITY-ST-ZIP Hawthorne, FL 32640	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME D GOSNELL, CARLOS D 247 AERMAN DR HAWTHORNE FL 32640	<input checked="" type="checkbox"/> Delete	TITLE NAME VP Tarnay, Charles STREET ADDRESS 24612 SE 101st Ave CITY-ST-ZIP Hawthorne, FL 32640	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VD DAYTON, RODRICK 14122 SE 201 ST TERR HAWTHORNE FL 32640	<input checked="" type="checkbox"/> Delete		

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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**CARLOS D. GOSNELL**

Date

Daytime Phone #

**2/7/2002 (352) 481-1029**

CR2E037 (9/01)