

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90041 003 ****61.25

DOCUMENT # N94000002244

1. Entity Name

FIRST UNITED METHODIST CHURCH OF PACE, INC.

Principal Place of Business

**4540 CHUMUCKLA HWY
PACE FL 32571**

Mailing Address

**4540 CHUMUCKLA HWY
PACE FL 32571**

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

59-6561232

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

**WEBB, JOHN F
4540 CHUMUCKLA HWY
PACE FL 32571**

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	P	☐ Delete
NAME	ROBERTS, ROY	
STREET ADDRESS	5701 STILLBRIDGE LN	
CITY-ST-ZIP	PENSACOLA FL 32514	

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

TITLE	D	☐ Delete
NAME	LAMBERT, DEBBIE	
STREET ADDRESS	4413 AMBERWOOD CIRCLE	
CITY-ST-ZIP	PACE FL 32571	

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

TITLE	D	☒ Delete
NAME	CRIBBS, JOHN	
STREET ADDRESS	5965 WYNDI WAY	
CITY-ST-ZIP	PACE FL 32571	

TITLE	D	☐ Change ☒ Addition
NAME	Sharon Brandt	
STREET ADDRESS	4829 Aleff Rd	
CITY-ST-ZIP	Pace, FL 32571	

TITLE	PD	☒ Delete
NAME	JONES, MEL	
STREET ADDRESS	5712 FALCON DR	
CITY-ST-ZIP	PACE FL 32571	

TITLE	PD	☐ Change ☒ Addition
NAME	Damon Abbott	
STREET ADDRESS	4480 Nora Ave	
CITY-ST-ZIP	Pace, FL 32571	

TITLE	D	☐ Delete
NAME	COOK, ROXY	
STREET ADDRESS	4607 CHUMUCKLA HWY	
CITY-ST-ZIP	PACE FL 32571	

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

TITLE	D	☒ Delete
NAME	SPANN, JEFF	
STREET ADDRESS	5712 FALCON DR	
CITY-ST-ZIP	MILTON FL 32570	

TITLE	D	☐ Change ☒ Addition
NAME	Bill Cooke	
STREET ADDRESS	4680 Chumuckda Hwy.	
CITY-ST-ZIP	Pace, FL 32571	

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: *John F. Roberts* **REGULAR Roberts**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-2001 850 994-5608

Date

Daytime Phone #

CR2E037 (10/00)