# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 15, 2003 8:00 am**
**Secretary of State**
01-15-2003 90177 016 ****61.25

0069977

DOCUMENT # N94000005277

1. Entity Name

MAE EDWARDS MEMORIAL UNITED METHODIST CHURCH, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5052 MULAT ROAD<br>MILTON FL 32583 | 5052 MULAT ROAD<br>MILTON FL 32583 |

☐ CHECK HERE IF MAKING CHANGES

| 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 59-2441320 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

EDWARDS, KATHERINE H
3480 COUNTRY LANE
MILTON FL 32583

**7. Name and Address of New Registered Agent**

Name: LOVE, DAVID E.
Street Address (P.O. Box Number is Not Acceptable): 4718 BAYSIDE BLVD
City: MILTON **FL** Zip Code: 32583

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: DAVID E. LOVE, TREASURER — David E. Love — 1/12/03
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 Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BUSH, ELTON J<br>~~5532 DELUNA RD~~ 5525 BORDEN ST<br>MILTON FL 32583 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DOWLING, PETE<br>164 SPENCER ST<br>MILTON FL 32571 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>BONIFAY, W. M.<br>6240 Goliath Rd.<br>Milton, FL 32583 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>EDWARDS, KATHERINE H<br>3480 COUNTRY LANE<br>MILTON FL 32583 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LOVE, DAVID<br>4718 BAYSIDE DRIVE<br>MILTON FL 32583 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>WILBERT, JAMES<br>5371 DELONA RD<br>MILTON, FL 32583 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HILLIARD, ROBERT C<br>4877 MULATTO BAYOU DRIVE<br>MILTON FL 32583 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SHECKART, GLENN<br>3741 CORNERBROOK DRIVE<br>MILTON FL 32571 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (10/02)

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:** David E. Love SIGNATURE REQUIRED — David E. Love — 1/12/03 — 850-995-8803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR