

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 20, 2001 8:00 am**  
**Secretary of State**

06-20-2001 90008 007 \*\*\*\*61.25

**DOCUMENT # N95000004360**

1. Entity Name

**FLEMING ISLAND UNITED METHODIST CHURCH, INC.**



Principal Place of Business

7170 U.S. 17 SOUTH  
 GREEN COVE SPRINGS FL 32043

Mailing Address

7170 U.S. 17 SOUTH  
 GREEN COVE SPRINGS FL 32043

AMU 14390



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3298525**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**GRIMES, JOHN A**  
**1935 CALUSA TRL**  
**MIDDLEBURG FL 32068-4218**

Name **David Owen**

Street Address (P.O. Box Number is Not Acceptable)

**297 Crookedridge Court**

City **Orange Park, FL**

FL Zip Code **32065**

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

*David Owen*

*6/9/01*

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 **TR** ☒ Delete  
 NAME **GRIMES, JOHN A**  
 STREET ADDRESS **1935 CALUSSA TRL**  
 CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE **Trustee Chair** ☐ Change ☒ Addition  
 NAME **David Owen**  
 STREET ADDRESS **297 Crookedridge Court**  
 CITY-ST-ZIP **Orange Park, FL 32065**

TITLE **T** ☐ Delete  
 NAME **MARTIN, JANICE L**  
 STREET ADDRESS **2331 EAGLE HARBOR PKWY**  
 CITY-ST-ZIP **ORANGE PARK FL 32073**

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

TITLE **TR** ☒ Delete  
 NAME **MAE M. BYERS**  
 STREET ADDRESS **185 OAK DR. S.**  
 CITY-ST-ZIP **GREEN COVE SPRINGS FL**

TITLE **TR** ☐ Change ☒ Addition  
 NAME **MORGAN, FORD**  
 STREET ADDRESS **3209 River Road**  
 CITY-ST-ZIP **Green Cove Springs, FL 32043**

TITLE **TR** ☒ Delete  
 NAME **SHIPLEY, BERT S**  
 STREET ADDRESS **495 BAYBROOK DR**  
 CITY-ST-ZIP **ORANGE PARK FL 32073-7771**

TITLE **S** ☐ Change ☒ Addition  
 NAME **Jackson, Bobbie**  
 STREET ADDRESS **303 Wesley Road**  
 CITY-ST-ZIP **Green Cove Springs, FL 32043**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: *(Signature)*

*6/9/01*

CR2E037 (10/00)