

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 06, 2002 8:00 am
Secretary of State

05-06-2002 90155 044 ****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**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3298525

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

**OWEN, DAVID
297 CROOKERIDGE COURT
ORANGE PARK FL 32065**

Name

Ford Morgan

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

3209 River Rd

City

Green Cove Springs

FL

Zip Code

32043

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

Ford Morgan

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-17-02

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 **OWEN, DAVID**
STREET ADDRESS **297 CROOKERIDGE CT**
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 **TR** ☐ Delete
NAME **MORGAN, FORD**
STREET ADDRESS **3209 RIVER RD**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE **S** ☐ Delete
NAME **JACKSON, BOBBIE**
STREET ADDRESS **303 WESLEY RD**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Diantha Owen**
STREET ADDRESS **297 Crooked Ridge Ct**
CITY-ST-ZIP **Orange Park, FL 32065**

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

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

TITLE ☐ Change ☐ Addition
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:

Ford Morgan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-02

Date

Daytime Phone #

CR2E037 (9/01)