2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # **N97000000843** May 12, 2000 8:00 am 1. Entity Name Secretary of State ARCHER FIRST UNITED METHODIST CHURCH, INC. 05-12-2000 90043 011 ****61.25 Principal Place of Business Mailing Address 400 W. CHURCH BLVD. P.O. BOX 156 ARCHER FL 32618-0156 ARCHER FL 32618 2. Principal Place of Business 3. Mailing Address LOO W.Church PaB04156 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc Applied For City & State 4. FEI Number 59-2748430 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WAre ou BOULWARE, ANN B 7404 SW 107TH ST GAINESVILLE FL 32608 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. 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE TITLE ☐ Delete Deanne moler NAME NAME **BOULWARE, ANN B** RIR SW counts RD STREET ADDRESS STREET ADDRESS 7404 SW 107TH ST CITY-ST-ZIE rcher, fl 32618 CITY-ST-ZIP **GAINESVILLE FL 32608** Change ☐ Addition TITLE TITLE 🔃 Delete ABOVE, A.J. NAME BATEY, BRETT NAME 19107 PIACE SW 179th Place STREET ADDRESS STREET ADDRESS 108 W HIGH ST CITY-ST-ZIP CITY-ST-ZIP ARCHER FL 32618 ☐ Addition ☐ Change TITLE TITLE □ Delete NAME CAUDRON, ARMAND NAME 2001 SWILL + St API. STREET ADDRESS STREET ADDRESS 105 E. CHURCH ST CITY-ST-ZIP Gainesville. CITY-ST-ZIP ARCHER FL 32618 ☐ Addition Change ☐ Delete TITLE HAMILTON, HOMER NAME 5W. 111 AV. STREET ADDRESS STREET ADORESS 100 S. UNIVERSITY BLVD. CITY-ST-ZIP CITY-ST-ZIP ARCHER FL 32618 Delete ☐ Addition TITLE TITLE Change Free, MARTIE 10151 NE 48 th LANE NAME NAME HELLMAN, LAWRENCE STREET ADDRESS STREET ADDRESS **101 E CENTRAL AVE** CITY-ST-ZIP CITY-ST-ZIP ARCHER FL 32618 CCD ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME PADGETT, MASON NAME STREET ADDRESS STREET ADDRESS 14236 SW 100TH AVE. CITY-ST-ZIP CITY-ST-ZIP ARCHER FL 32618

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Davtime Pho

Daytime Phone #