2002 UNIFORM BUSINESS REPORT (UBR)

Apr 11, 2002 8:00 am Secretary of State DOCUMENT # N9700000843 ARCHER FIRST UNITED METHODIST CHURCH, INC. 04-11-2002 90008 019 ****61.25 Principal Place of Business Mailing Address 400 W. CHURCH BLVD. P.O. BOX 156 ARCHER FL 32618 ARCHER FL 32618 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2748430 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) **GURLEY, BILL** 2001 SW 16TH ST APT A3 Zip Code **GAINESVILLE FL 32608** FL 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 (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition ☐ Delete TITLE TITLE GURLEY, BILL NAME NAME 2001 SW 16TH ST APT A3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32608 TITLE ☐ Change ☐ Addition ☐ Delete TITLE BATEY, BRETT NAME NAME STREET ADDRESS 108 W HIGH ST STREET ADDRESS ARCHER FL 32618 CITY-ST-ZIF CITY-ST-ZIP ☐ Defete TITI E ☐ Change ☐ Addition TITLE. NAME FREE, LAMAR NAME STREET ADDRESS 10151 NE 48TH LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRONSON FL 32621 TITLE ☐ Delete ☐ Change ☐ Addition FREE, MARTIE NAME NAME STREET ADDRESS STREET ADDRESS 10151 NE 48TH LANE CITY-ST-ZIP **BRONSON FL 32621** CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition LABORE, A.J NAME STREET ADDRESS 19107 SW 179TH PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ARCHER FL 32618 CCD Change ☐ Addition TITLE Delete TITLE PADGETT, MASON NAME NAME 14236 SW 100TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ARCHER FL 32618 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER/OR DIRECTOR

4/7/02 Dat/ Daytime Phone #