

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

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90387 010 ****61.25

DOCUMENT # N97000000843

1. Entity Name

ARCHER FIRST UNITED METHODIST CHURCH, INC.



Principal Place of Business

**400 W. CHURCH BLVD.
ARCHER FL 32618**

Mailing Address

**P.O. BOX 156
ARCHER FL 32618**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2748430**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GURLEY, BILL
2001 SW 16TH ST
APT A3
GAINESVILLE FL 32608**

7. Name and Address of New Registered Agent

Name

Drawdy, Susan

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

203 E. Park Street

City

Archer

FL

Zip Code

32618

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

Susan Drawdy Susan Drawdy

3-4-03

Signature, typed or printed name of registered agent and title, 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

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	GURLEY, BILL	
STREET ADDRESS	2001 SW 16TH ST APT A3	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	P	<input type="checkbox"/> Delete
NAME	BATEY, BRETT	
STREET ADDRESS	108 W HIGH ST	
CITY-ST-ZIP	ARCHER FL 32618	
TITLE	T	<input type="checkbox"/> Delete
NAME	FREE, LAMAR	
STREET ADDRESS	10151 NE 48TH LANE	
CITY-ST-ZIP	BRONSON FL 32621	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FREE, MARTIE	
STREET ADDRESS	10151 NE 48TH LANE	
CITY-ST-ZIP	BRONSON FL 32621	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LABORE, A.J	
STREET ADDRESS	19107 SW 179TH PLACE	
CITY-ST-ZIP	ARCHER FL 32618	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Drawdy, Susan	
STREET ADDRESS	203 E. Park Street	
CITY-ST-ZIP	Archer, FL, 32618	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Batey, Brett	
STREET ADDRESS	108 W. High St.	
CITY-ST-ZIP	Archer, FL 32618	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mays, Della	
STREET ADDRESS	8390 NE 150th Ave	
CITY-ST-ZIP	Williston, FL 32696	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Copeland, D. Matthew	
STREET ADDRESS	511 N. Boundary St.	
CITY-ST-ZIP	Archer, FL 32618	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Susan Drawdy Susan Drawdy 3-4-03 352-495-3619

CR2E037 (10/02)