2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State
02-10-2000 90017 044 ****61.25

DOCUMENT # N99000003391

1. Entity Name

FIRST UNITED METHODIST CHURCH OF FROSTPROOF, INC

Principal Place of Business	Mailing Address
150 DEVANE ST. FROSTPROOF FL	150 DEVANE ST. FROSTPROOF FL 33843-2020

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-0976564 ☐ 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
RESPRESS, LYNN L 150 DEVANE ST. FROSTPROOF FL	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 Lynn L. Respress 2/3/00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLE, MARVIN 500 U.S HIGHWAY 27 SOUTH LOT 35 FROSTPROOF FL 33843	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Backus, Dick PO Box 162 Frostproof, Fl 33843	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DICKINSON, JAMES H PO BOX 425 FROSTPROOF FL 33843-0425	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Sam Duke 124 W 1st St Frostproof, Fl 33843	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCDONALD, CAROLE PO BOX 1436 FROSTPROOF FL 33843-1436	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Dick Franz 355 W F At Frostproof Fl 33843	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEMPSEY, MINNIE 435 N. SILVER LAKE FROSTPROOF FL 33843	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Howard Mathews 15 Beverly Dr Frostproof, Fl 33843	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LIVINGSTON, JULIA 1861 S. LAKE REEDY BLVD. FROSTPROOF FL 33843	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Joyce Mathews 402 Thomas Ave Frostproof, Fl 33843	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCLEOD, HOWARD 9 SILVER SANDS ROAD FROSTPROOF FL 33843	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: R.E. Brashier Chair of Trustees
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #