

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90139 030 ****61.25

DOCUMENT # N99000003391

1. Entity Name

FIRST UNITED METHODIST CHURCH OF FROSTPROOF, INC

Principal Place of Business

150 DEVANE ST.
 FROSTPROOF FL

Mailing Address

150 DEVANE ST.
 FROSTPROOF FL

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. Reppress

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/16/01

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 ☐ Delete
 NAME **D BACHUS, DICK**
 STREET ADDRESS **PO BOX 162**
 CITY-ST-ZIP **FROSTPROOF FL 33843**

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

TITLE ☐ Delete
 NAME **D DICKINSON, JAMES H**
 STREET ADDRESS **PO BOX 425**
 CITY-ST-ZIP **FROSTPROOF FL 33843-0425**

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

TITLE ☐ Delete
 NAME **D FRANZ, DICK**
 STREET ADDRESS **355 W F ST**
 CITY-ST-ZIP **FROSTPROOF FL 33843**

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

TITLE ☐ Delete
 NAME **D DEMPSEY, MINNIE**
 STREET ADDRESS **435 N. SILVER LAKE**
 CITY-ST-ZIP **FROSTPROOF FL 33843**

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

TITLE ☐ Delete
 NAME **D LIVINGSTON, JULIA**
 STREET ADDRESS **1861 S. LAKE REEDY BLVD.**
 CITY-ST-ZIP **FROSTPROOF FL 33843**

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

TITLE ☐ Delete
 NAME **D MCLEOD, HOWARD**
 STREET ADDRESS **9 SILVER SANDS ROAD**
 CITY-ST-ZIP **FROSTPROOF FL 33843**

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:

Lynn L. Reppress

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/01

Date

Daytime Phone #

CR2E037 (10/00)