

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2001 8:00 am
Secretary of State

08-21-2001 90033 008 ****61.25

0016458

DOCUMENT # N99000004875

1. Entity Name

FIRST UNITED METHODIST CHURCH OF APALACHICOLA, I

Principal Place of Business

**HWY 98 5TH STREET
 APALACHICOLA FL 32320**

Mailing Address

**HWY 98 5TH STREET
 APALACHICOLA FL 32320**

2. Principal Place of Business

75 5TH ST

Suite, Apt. #, etc.

APALACHICOLA FL

City & State

3. Mailing Address

PO BOX 476

Suite, Apt. #, etc.

APALACHICOLA FL

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3597442

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

Zip
32320

Country

FRANKLIN

Zip

32329

Country

FRANKLIN

6. Name and Address of Current Registered Agent

**MOSTELLER, TEDDY J
 151 24TH AVE.
 APALACHICOLA FL 32320**

7. Name and Address of New Registered Agent

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

Teddy J Mosteller
TEDDY J MOSTELLER

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

(NOTE: Registered Agent signature required when reinstating)

8-18-01

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MOSTELLER, TEDDY J	
STREET ADDRESS	PO BOX 476	
CITY-ST-ZIP	APALACHICOLA FL 32329-0476	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MACY, RICHARD C	
STREET ADDRESS	HWY 98 5TH STREET	
CITY-ST-ZIP	APALACHICOLA FL 32320	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WILLIS, SHERRY	
STREET ADDRESS	HWY 98 5TH STREET	
CITY-ST-ZIP	APALACHICOLA FL 32320	
TITLE	TT	<input type="checkbox"/> Delete
NAME	SCHOELLES, NONIE	
STREET ADDRESS	PO BOX 315	
CITY-ST-ZIP	APALACHICOLA FL 32329-0315	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAROLD HOSE	
STREET ADDRESS	211 No BAYSHORE DR	
CITY-ST-ZIP	EAST POINT FL 32328	
TITLE	V. PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITA SAWYER	
STREET ADDRESS	9 11TH ST	
CITY-ST-ZIP	APALACHICOLA FL 32320	
TITLE	SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEDDY J MOSTELLER	
STREET ADDRESS	151 24TH AVE	
CITY-ST-ZIP	APALACHICOLA FL 32320	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

M. J. Mosteller
M. J. MOSTELLER

8-1-01

850-653-9360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2037 (5/01)