



**FLORIDA ANNUAL CONFERENCE UNITED METHODIST CHURCH**

**Property Addition, Deletion or Change Form**

Effective Date of : _____ q Addition q Deletion q Change
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**CHURCH INFORMATION: (ALL FIELDS ARE REQUIRED)**

Church Name:		City:	
District:		GCFA#:	
Contact Person:		Title:	
Phone Number:	(    )	Fax:	(    )
Requested by:		Date:	
		E-Mail:	

**PROPERTY INFORMATION: (PROPERTY MUST BE OWNED BY THE CHURCH)**

Address:		
City:	State:	Zip:
Building Construction:	Occupancy Type:	

(INDICATE CURRENT REPLACEMENT COST \$ VALUES)

Building	\$	Contents	\$
Computers	\$	Stained Glass	\$
Equipment	\$	Property in the Open (PITO)	\$

Total Square Feet		Original Year Built	
Responding Fire Dept.		Distance from Fire Dept.	_____ (miles)
Year Roof Updated/installed		Sprinkler?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**MORTGAGEE OR LOSS PAYEE INFORMATION:**

Company Name:		Loan/Lease #:	
Contact Person:		E-Mail:	
Address:			
City:		State:	Zip:
Phone Number:	(    )	Fax:	(    )

Forward completed form to:  
863-686-7363 or e-mail to: [aruiz@flumc.org](mailto:aruiz@flumc.org)