

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90160 015 ****61.25

DOCUMENT # 704391

1. Entity Name

DILLMAN ROAD FREE METHODIST CHURCH INC

701786



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**6513 DILLMAN ROAD
WEST PALM BEACH FL 33413**

**6513 DILLMAN ROAD
WEST PALM BEACH FL 33413-3458**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2385390

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LAUER, BETTE
7556 COCONUT DR
LAKE WORTH FL 33467**

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

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	P	☒ Delete
NAME	HOYT, JOHN H.	
STREET ADDRESS	4783 GLADIATOR CIRCLE	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE	T	☐ Delete
NAME	KIGHTLINGER, BILL	
STREET ADDRESS	870 MANGO DRIVE	
CITY-ST-ZIP	WEST PALM BCH FL 33415	
TITLE	T	☐ Delete
NAME	LAUER, BETTE	
STREET ADDRESS	7556 COCONUT DR.	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	T	☐ Delete
NAME	HELD, HEDY	
STREET ADDRESS	6180-18TH ST. S.	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	D	☐ Delete
NAME	HOYT, JOHN H., JR.	
STREET ADDRESS	4781 GLADIATOR CR.	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	T	☒ Delete
NAME	HORNSTRA, JOAN	
STREET ADDRESS	321 BROWARD AVE	
CITY-ST-ZIP	GREENACRES FL	

TITLE	P	☒ Change ☒ Addition
NAME	Samuel Quisol	
STREET ADDRESS	6513 Dillman Rd.	
CITY-ST-ZIP	W. Palm Bch. Fl. 33413	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	☐ Change ☐ Addition
NAME	Martinkovic, Lois	
STREET ADDRESS	444 Santa Anna Dr.	
CITY-ST-ZIP	Palm Springs, Fl. 33461	

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:

Elizabeth R. Bette Lauer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-00 561-964-7567

CR2E037 (9/99)