

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90185 048 ****61.25

DOCUMENT # 704391

1. Entity Name
DILLMAN ROAD FREE METHODIST CHURCH INC



Principal Place of Business
**6513 DILLMAN ROAD
WEST PALM BEACH FL 33413**

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

2. Principal Place of Business
6513 Dillman Rd.

3. Mailing Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
West Palm Bch, Fl 33413

City & State

4. FEI Number **59-2385390**

Applied For
Not Applicable

Zip Country
33413 Palm Beach

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Bette Lauer*

2-10-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **AUGUSTINE, WAYNE**
CITY-ST-ZIP **6513 DILLMAN RD
WEST PALM BEACH FL 33413**

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **KIGHTLINGER, BILL**
CITY-ST-ZIP **870 MANGO DRIVE
WEST PALM BCH FL 33415**

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **LAUER, BETTE**
CITY-ST-ZIP **7556 COCONUT DR.
LAKE WORTH FL**

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **REEL, DORIS**
CITY-ST-ZIP **421 CYPRESS LANE
LAKE WORTH FL 33461**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HOYT, JOHN H., JR.**
CITY-ST-ZIP **4781 GLADIATOR CR.
LAKE WORTH FL**

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

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **MICLEAN, MARY**
CITY-ST-ZIP **3214 REO LANE
LAKE WORTH FL 33461**

TITLE ☒ Change ☐ Addition
NAME **T**
STREET ADDRESS **Peyton, Elaine**
CITY-ST-ZIP **3676 Timberline Dr
W. Palm Beach Fl. 33406**

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: *SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-10-03

CR2E037 (10/02)