

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706094

1. Entity Name

PORT CHARLOTTE UNITED METHODIST CHURCH, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90008 028 ****70.00

Principal Place of Business

Mailing Address

21075 QUESADA AVE
PORT CHARLOTTE FL 33952
US

21075 QUESADA AVE
PORT CHARLOTTE FL 33952-2551
US

00007073

2. Principal Place of Business

21075 Quesada Ave.

Suite, Apt. #, etc.

3. Mailing Address

21075 Quesada Ave.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Port Charlotte, Fl.

City & State

Port Charlotte, Fl....

4. FEI Number

59-1022083

Applied For

Not Applicable

Zip
33952

Country
USA

Zip
33952

Country
USA

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

CONWAY, JACK
20143 VENTURA AVE
PORT CHARLOTTE FL 33952

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 CONWAY, JACK
STREET ADDRESS 20143 VENTURA AVE
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE Director ☐ Change ☒ Additio
NAME Guy Emerich
STREET ADDRESS 21235 Coachman Ave.
CITY-ST-ZIP Port Charlotte, Fl: 33952

TITLE VP ☒ Delete
NAME ESTES, WILLIAM
STREET ADDRESS 338 PARAMARIBO ST
CITY-ST-ZIP PUNTA GORDA FL 33983

TITLE VP ☐ Change ☒ Additio
NAME Don Nevins
STREET ADDRESS 1419 Orlando Blvd.
CITY-ST-ZIP Port Charlotte, Fl. 33952

TITLE D ☒ Delete
NAME RUGG, JAMES C
STREET ADDRESS 13596 DRISCOLL AVE
CITY-ST-ZIP PT CHARLOTTE FL

TITLE Director ☐ Change ☒ Additio
NAME Mildred Picken
STREET ADDRESS 2453 Ivanhoe St.
CITY-ST-ZIP Port Charlotte, Fl. 33952

TITLE D ☒ Delete
NAME RANKIN, TOM
STREET ADDRESS 136 SE SINCLAIR ST.
CITY-ST-ZIP PT CHARLOTTE FL 33952

TITLE Director ☐ Change ☒ Additio
NAME Leonard Alsene
STREET ADDRESS 26014 Ocelot Lane
CITY-ST-ZIP Port Charlotte, Fl. 33983

TITLE D ☒ Delete
NAME NORMA THOMAS
STREET ADDRESS 500 WINDWOOD
CITY-ST-ZIP PT CHARLOTTE FL

TITLE Director ☐ Change ☒ Additio
NAME Herbert Isley
STREET ADDRESS 743 Randolph St.
CITY-ST-ZIP Port Charlotte, Fl. 33952

TITLE D ☐ Delete
NAME ARMOUR, SHEILA
STREET ADDRESS 4218 DAY ST
CITY-ST-ZIP PORT CHARLOTTE FL 33948

TITLE Director ☐ Change ☒ Additio
NAME Evangeline Grim
STREET ADDRESS 20377 Quesada Avenue
CITY-ST-ZIP Port Charlotte, Fl. 33952

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:

Jack P. Conway
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 19, 2000

941-625-435

Date

Daytime Phone #