

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706094

1. Entity Name

PORT CHARLOTTE UNITED METHODIST CHURCH, INC.

Principal Place of Business

21075 QUESADA AVE
PORT CHARLOTTE FL 33952
US

Mailing Address

21075 QUESADA AVE
PORT CHARLOTTE FL 33952
US

2. Principal Place of Business

21075 Quesada Avenue
Suite, Apt. #, etc.

3. Mailing Address

21075 Quesada Avenue
Suite, Apt. #, etc.

City & State

Port Charlotte Fl

City & State

Port Charlotte Fl

Zip
33952

Country

USA

Zip
33952

Country

USA

4. FEI Number

59-1022083

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONWAY, JACK
20143 VENTURA AVE
PORT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

Name

Don Nevins

Street Address (P.O. Box Number is Not Acceptable)

1419 Orlando Blvd

City

Port Charlotte

FL

Zip Code
33952

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 Don Nevins, President

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

Donald P. Nevins

(NOTE: Registered Agent signature required when reinstating)

2/13/2001

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 President ☒ Change ☐ Addition
NAME Don Nevins
STREET ADDRESS 1419 Orlando Blvd
CITY-ST-ZIP Port Charlotte, Fl 33952

TITLE VP ☒ Delete
NAME NEVINS, DON
STREET ADDRESS 1419 ORLANDO BLVD.
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE VP ☒ Change ☐ Addition
NAME Mildred Picken
STREET ADDRESS 2453 Ivanhoe St Port Charlotte Fl 33952

TITLE D ☒ Delete
NAME PICKEN, MILDRED
STREET ADDRESS 2453 IVANHOE ST
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE D ☐ Change ☒ Addition
NAME Earl Willoughby
STREET ADDRESS 512 Northview St, Port Charlotte Fl 33954

TITLE D ☐ Delete
NAME ALSENE, LEONARD
STREET ADDRESS 26014 OCELOT LANE
CITY-ST-ZIP PORT CHARLOTTE FL 33983

TITLE D ☐ Change ☒ Addition
NAME Nick Bonsky
STREET ADDRESS 3715 Woodbridge Av, North Port Fl 34287

TITLE D ☐ Delete
NAME ISLEY, HERBERT
STREET ADDRESS 743 RANDOLPH STREET
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE D ☐ Change ☒ Addition
NAME Guy Emerich
STREET ADDRESS 21325 Coachman, Port Charlotte Fl 33952

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

TITLE D ☐ Change ☒ Addition
NAME Evangeline Grim
STREET ADDRESS 20377 Quesada Ave., 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: *Donald P. Nevins* President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/2001

941-625-4356

Date

Daytime Phone #

CR2E037 (10/00)