

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

0047425

DOCUMENT # 706094

1. Entity Name

PORT CHARLOTTE UNITED METHODIST CHURCH, INC.

03-20-2002 90059 045 ****70.00

Principal Place of Business

Mailing Address

21075 QUESADA AVE
 PORT CHARLOTTE FL 33952
 US

21075 QUESADA AVE
 PORT CHARLOTTE FL 33952
 US

2. Principal Place of Business

21075 Quesada Ave

Suite, Apt. #, etc.

3. Mailing Address

21075 Quesada Avenue

Suite, Apt. #, etc.

City & State

Port Charlotte FL 33952

Zip

Country

33952

USA

City & State

Port Charlotte FL

Zip

Country

33952

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

NEVINS, DON
 1419 ORLANDO BLVD
 PORT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

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

TITLE NAME P ☐ Delete
 STREET ADDRESS NEVINS, DON
 CITY-ST-ZIP 1419 ORLANDO BLVD
 PORT CHARLOTTE FL 33952

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

TITLE NAME D ☐ Delete
 STREET ADDRESS WILLOUGHBY, EARL
 CITY-ST-ZIP 512 NORTHVIEW ST
 PORT CHARLOTTE FL 33954

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME D ☐ Change ☒ Addition
 STREET ADDRESS Grim, Evangeline
 CITY-ST-ZIP P O Box 380305 Murdock Fl 33938-0305

TITLE NAME VP ☒ Change ☒ Addition
 STREET ADDRESS Lawrence S Hurt
 CITY-ST-ZIP 1217 Gorda Cay La Punta Gorda Fl 33950

TITLE NAME D ☐ Change ☒ Addition
 STREET ADDRESS Emerich, Guy
 CITY-ST-ZIP 21325 Coachman Ave. Port Charlotte Fl 33952

TITLE NAME D ☐ Change ☒ Addition
 STREET ADDRESS Bill Ford
 CITY-ST-ZIP 62 Sao Paulo Dr Port Charlotte Fl 33983

TITLE NAME D ☐ Change ☒ Addition
 STREET ADDRESS Billie Deaton
 CITY-ST-ZIP 117 SE Bangsberg Rd Port Charlotte Fl 33952

TITLE NAME D ☐ Change ☒ Addition
 STREET ADDRESS Leonie Samuels
 CITY-ST-ZIP 1602 Beacon Dr 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:

Donalder Armour
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/02

941-625-4356
 Date Daytime Phone #

CR2E037 (9/01)