

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

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90842 013 ****70.00

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 Ave

3. Mailing Address

21075 Quesada Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Charlotte, Fl. 33952

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

**NEVINS, DON
1419 ORLANDO BLVD
PORT CHARLOTTE FL 33952**

7. Name and Address of New Registered Agent

Name

Lawrence S. Hurt

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

1217 Gorda Cay Lane

City

Punta Gorda

FL

Zip Code

33950

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 *Lawrence S. Hurt*, **LAWRENCE S. HURT, President**

February 26, 2003.

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

TITLE	P	☒ Delete
NAME	NEVINS, DON	
STREET ADDRESS	1419 ORLANDO BLVD	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	☒ Delete
NAME	GRIM, EVANGELINE	
STREET ADDRESS	PO BOX 380305	
CITY-ST-ZIP	MURDOCK FL 33938-0305	
TITLE	D	☒ Delete
NAME	WILLOUGHBY, EARL	
STREET ADDRESS	512 NORTHVIEW ST	
CITY-ST-ZIP	PORT CHARLOTTE FL 33954	
TITLE	D	☐ Delete
NAME	ALSENE, LEONARD	
STREET ADDRESS	26014 OCELOT LANE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33983	
TITLE	VP	☐ Delete
NAME	HURT, LAWRENCE S	
STREET ADDRESS	1217 GORDA CAY LA	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	D	☐ Delete
NAME	EMERICH, GUY	
STREET ADDRESS	21325 COACHMAN AVE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	☒ Change ☐ Addition
NAME	Lawrence S Hurt	
STREET ADDRESS	1217 Gorda Cay Lane	
CITY-ST-ZIP	Punta Gorda FL 33950	
TITLE	Vice President	☐ Change ☒ Addition
NAME	William E. Ford	
STREET ADDRESS	62 Sao Paulo Dr.	
CITY-ST-ZIP	Port Charlotte, Fl. 33983	
TITLE	Secretary	☐ Change ☒ Addition
NAME	Ms. Billie Deaton	
STREET ADDRESS	117 SE Bangsberg Rd.	
CITY-ST-ZIP	Port Charlotte, Fl. 33952	
TITLE	Director	☐ Change ☐ Addition
NAME	Leonard Alsen	
STREET ADDRESS	26014 Ocelot Lane	
CITY-ST-ZIP	Port Charlotte, Fl 33983	
TITLE	Director	☐ Change ☐ Addition
NAME	Guy Emerich	
STREET ADDRESS	21235 Coachman Dr.	
CITY-ST-ZIP	Port Charlotte, Fl. 33952	
TITLE	Director	☐ Change ☒ Addition
NAME	Alvin Williams	
STREET ADDRESS	1454 St. George Lane	
CITY-ST-ZIP	Punta Gorda, Fl. 33983	

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 *Lawrence S. Hurt*, **LAWRENCE S. HURT, President, Board of Trustees** 02/26/2003

CR2E037 (10/02)