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

DOCUMENT # 706094

1. Entity Name

PORT CHARLOTTE UNITED METHODIST CHURCH, INC.



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

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



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Frincipal Pi	ace of Business	Mailing Address			II.			
21075 QUES PORT CHARI US	ADA AVE LOTTE FL 33952	21075 QUESADA AVE PORT CHARLOTTE FL 3390 US	52	ï				
2. Principal	Place of Business	3. Mailing Address						
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Suite, Apt. #, etc.		21075 Ouesada Ave Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
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City & State Port Charlotte, Fl. 33952 Port Charlotte				4. FEI Number 59-1022083		I A	pplied For	
		Port Charlotte					N	ot Applicable
Zip 33952	Country USA	33952	Country USA		5. Certificate of Status De	esired 🔽	\$8.75 Ad	
	6. Name and Address of Current		- 051;		7. Name and Address of	New Registere	Fee Require	ea .
			Name			Trout Freguetoro	o Agent	
NEVINS, DON			Lat	wrence	S. Hurt O. Box Number is Not Acc			
	rlando blyd				la Cay Lane	eptable)	•	
PORT C	CHARLOTTE FL 33952							
			City			F	■ Zip Cod	e
8 The abov	e named entity submits this statement to	r the purpose of above its	Punt	ta Gor	rđa			0
the obliga	e named entity submits this statement fo ations of registered agent.	i the purpose of changing its i	registered office o	r registere	d agent, or both, in the Sta	te of Florida. I ar	n familiar with,	and accept
		1 (~	•				
SIGNATUR		- LANRENCE	J. Hurt	PRES	ident I	ebruary 2	26, 2003	
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE.	Registered Agent signa	ture required v	when reinstating)	DATE		
	**							
	FILE NOW: FEE IS \$61.25	9. Election Cam Trust Fund Co				Make Che ب		
	G.	irusi rung Ci	ontribution.	О ,	Added to Fees	Florida Depa	artment of S	State
10.								
	OFFICERS AND DIF	RECTORS	11.	Al	DDITIONS/CHANGES TO (OFFICERS AND D	DIRECTORS IN	10
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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.

RECLAWRENCE S. Hurt, President, Board of Trustees 02/26/2003 SIGNATURE: