## 2000 UNIFORM BUSINESS REPORT (UBR) 3/ DOCUMENT # 708397 May 16, 2000 8:00 am 1. Entity Name Secretary of State SUN RAY UNITED METHODIST CHURCH, INC. 03-03-2000 90230 042 \*\*\*\*61.25 Principal Place of Business Mailing Address 316 RAYMOND AVE. 316 RAYMOND AVE. FROSTPROOF FL 33843-9431 FROSTPROOF FL 33843 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite. Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2335881 Not Applicable Country \$8.75 Additional Zip Country Zp 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent. Name LOIS WESSEL O. Box Number is Not Acceptable ORANG ELLOND FROSTPRODE FL 33843 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. Flaine Fied SIGNATURE Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be $\Box$ Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. (66/6)Addition 10**(5** TITLE DT NAME FIEDLER, ELAINE M STREET ADDRES STREET ADDRESS 402 CENTRAL AVE. CITY-ST-ZIP CATY-ST-ZIP FROSTPROOF, FL 00000 ☐ Addition ☐ Change Secretary TITLE TITLE Delete HORTON, EVERY NAME NAME NAME STREET ADDRESS STREET ADDRESS 340 WALTER AVENUE CITY-ST-ZIP CITY-ST-ZIP FROSTPROOF FL-D+ Treasurer Delete TIRE TITLE NAME WESSELER, MARY LOIS NAME STREET ADDRESS STREET 1628 ORANGEWOOD COURT CITY-ST-ZIP CITY-ST-ZIP AVON PARK FL 33825 Director ☐ Change Addition Delete TITLE TITLE STOCKARD, SR. Robert NAME NAME STREET ADDRESS STREET ADDRESS 500 US 27S LOT 112

CITY-S1-ZIP

FROSTPROOF FL 33843

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.

CITY-ST-ZIP

STREET ADDRESS

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TITLE NAME

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SIGNATURE: \_\_\_

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

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AVON PARK FL

FIELDER, ROBERT J

**402 CENTRAL AVE** 

FROSTPROOF FL

TRouete

234 THOMAS AVENUE

KIRBY, DONALD

MARY LOGINGE Leve	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

Delete

☐ Delete

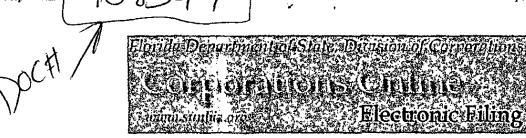
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## Uniform Business Report

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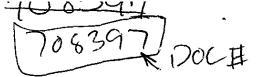
Business Entity Name

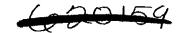
## SUN RAY UNITED METHODIST CHURCH, INC.

Election Campaign Financing Trust Fund Contribution O Yes O No Officer/Director Name And Address

DT

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Entity Name				
Street Address	1628 W. LOra	ngewood (Ct*+)		
City, State	Avon Park,			
Zip Code & Country:	[33825]	US I de la company		
Title	* [5 <b>* ]</b>			
		Server in the		V G
Name (East First, Middle Tit	ile)) HORTON	EVELYN		(2.2)
Entity Name	<u> </u>			
Street Address	340 WALTER	AVENUE		
City, State	FROSTPROOF		, EL	
Zip Code & Country	1,33843	US 1		(b) (0) (3)
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Title	: <u>ID</u>			
Name (Last, First, Middle, Ti	tle).Buchman 🖖	Doris		
Entity Name				
Street Address	3449 Hwy.	27 Lot 29 1		
City, State	of Frostproof		TEL	
Zip Code & Country	Self-report of the bullet and report of	US'		
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Name (Last: First, Middle, Ti	HE DOLOGICAL PROPERTY OF THE P	_
Entity Name		40Z
Street Address	500 US 275 LOT 112	
City State	AVON PARK	
	Lagran Lagran	
Zip Code & Country	2 (03943) 2 1 (034) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	

Title	<b>₫</b>
Name (Last: First, Middle, Title)	HEALY DESIDE
Entity Name	
Street Address	528 CENTRAL AVE
City, State	FROSTPROOF
Zip Code & Country	20x 80866

Title :	51 <u>/</u> (
Name (Last First Middle Title)	KIRBY DONALD
Entity Name	
Street Address	234 THOMAS AVENUE
City, State	FROSTPROOF
Zip Code & Country	33843 US

## O Add additional Officers/Directors O No additional Officers/Directors

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Fitle Officer/Director Signature Mary Lois W	esseler
Continue	Reset
Start O	Iver
Supplies Home Page	Praya A company

Sunbiz-Home Page

Public Access Help.