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

## Jan 17, 2003 8:00 am Secretary of State **DOCUMENT # 708397** 1. Entity Name 01-17-2003 90039 035 \*\*\*\*61.25 SUN RAY UNITED METHODIST CHURCH, INC. Principal Place of Business Mailing Address 316 RAYMOND AVE. 316 RAYMOND AVE. 70011416 FROSTPROOF FL 33843 FROSTPROOF FL 33843 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2335881 Applied For Zip Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Fee Required 7.-Name and Address of New Registered Agent WESSELER, MARY L 10 DELETE JAMES Street Address (P.O. Box Number is Not Acceptable) 1628 ORANGEWOOD CT AVON PARK FL 33825 505 THOMAS AUE Zip Code FROST PROOF 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 James & Bayter James R Bax TER ped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re SIGNATURE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete BOARD CHAIR MAN TITLE BUCHMAN, DORIS NAME ☐ Change Addition NAME DARYL HOUEY STREET ADDRESS 3449 HWY 27 LOT 29 STREET ADDRESS 506 THOMAS AUE CITY-ST-ZIP FROSTPROOF FL 33843 CITY-ST-ZIP FROST PROUF FIA 33843 TITLE BOARD SECTRAL Delete TITLE CHURCH SECTRALY HORTON, EVELYN NAME ☐ Change Addition NAME JANICE LE FEVER 340 WALTER AVENUE STREET ADDRESS STREET ADDRESS 449 STANTEY AUE CITY-ST-ZIP FROSTPROOF FL CITY-ST-ZIP FROST PROUF FIN 33843 TITLE DT\_\_ Delete TITLE CHURCH TREASUREN WESSELER, MARY LOIS NAME dames BAXTER NAME STREET ADDRESS 1628 ORANGEWOOD COURT STREET ADDRESS 505 THOMAS AUE CITY-ST-ZIP AVON PARK FL 33825 CITY-ST-ZIP PROST PROOF FIN 31543 TITLE RUBY KIRBY 234 THOMAS AUE M Delete TITLE STOCKARD, ROBERT SR NAME □ Change Addition NAME STREET ADDRESS 500 US 27S LOT 112 STREET ADDRESS CITY-ST-ZIP AVON PARK FL CITY-ST-7IP FROSTPROOF FIA TITLE Delete TITLE HORTON, GEORGE NAME ☐ Addition NAME STREET ADDRESS 340 WALTER AVE. STREET ADDRESS CITY-ST-ZIP FROSTPROOF FL 33843 CITY-ST-ZIP ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

1/13/03

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