

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710482

1. Entity Name

ST. MARK'S UNITED METHODIST CHURCH, INC.

**FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90013 022 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2030 N. HWY. A-1-A  
INDIALANTIC FL 32903

2030 N. HWY. A-1-A  
INDIALANTIC FL 32903-2529

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0979084

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA CONFERENCE  
1140 E. McDONALD ST, UNITED METHODIST CHURCH  
LAKELAND FL 33802

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Delete  
NAME WILSON, LAVERNE  
STREET ADDRESS 1465 HWY A1A UNIT 502  
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE P ☐ Change ☒ Addition  
NAME BELL, STEVE  
STREET ADDRESS 403 FLANDERS CT  
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE TR ☐ Delete  
NAME WEATHERLEY, JOHN  
STREET ADDRESS 116 MERCURY CT  
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME WAVERING, GLORIA J.  
STREET ADDRESS 871 REMSEN AVENUE NW  
CITY-ST-ZIP PALM BAY FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☒ Delete  
NAME BELL, STEVE  
STREET ADDRESS 403 FLANDERS CT  
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE VP ☐ Change ☒ Addition  
NAME WILSON, LAVERNE  
STREET ADDRESS 1465 HWY A1A UNIT 502  
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE TR ☐ Delete  
NAME MAST, ALAN  
STREET ADDRESS 1925 N HWY A1A  
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STR ☐ Delete  
NAME VAN DORIN, LOUIS  
STREET ADDRESS 310 AVENIDA DE PAZ  
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Gloria J. Wavering* **REGISTERED** D. Wavering

3/8/00

(321) 773-0721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)