

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713363

1. Entity Name

MIAKKA METHODIST CHURCH, INC. ✓

FILED
Jul 24, 2000 8:00 am
Secretary of State

07-24-2000 90012 001 ****61.25

Principal Place of Business

Mailing Address

1620 MYAKKA RD.
SARASOTA FL 34240

1620 MYAKKA RD.
SARASOTA FL 34240-8970

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2479004**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REES, DAVID W.
16011 S WINBURN DR
SARASOTA FL 34240

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 ☐ Delete
NAME **T DUNCAN, MILLY**
STREET ADDRESS **4695 HIDDEN RIVER RD**
CITY-ST-ZIP **SARASOTA FL 34240**

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

TITLE ☐ Delete
NAME **D SIVERTSON, KRIS**
STREET ADDRESS **13788 PINE WOODS LN. W**
CITY-ST-ZIP **SARASOTA FL 34240**

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

TITLE ☐ Delete
NAME **D CARLTON, FLETA**
STREET ADDRESS **30303 CLAY GULLY RD**
CITY-ST-ZIP **SARASOTA FL**

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

TITLE ☒ Delete
NAME **CD CARLIN, REBECCA**
STREET ADDRESS **4925 81ST AVE TERR E**
CITY-ST-ZIP **SARASOTA FL 34243**

TITLE ☐ Change ☒ Addition
NAME *Channing James Haubert*
STREET ADDRESS *4225 Hidden River Rd. Sarasota FL 34240*
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S ADAMS, CHARLOTTE**
STREET ADDRESS **31950 SINGLETARY RD**
CITY-ST-ZIP **MYAKKA CITY FL 34251**

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

TITLE ☐ Delete
NAME **CT FINEHOUT, MARK**
STREET ADDRESS **2009 MYAKKA RD**
CITY-ST-ZIP **SARASOTA FL 34240**

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)