

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90062 003 ****61.25

DOCUMENT # 723567

1. Entity Name

WESLEY UNITED METHODIST CHURCH OF MARCO ISLAND, INC.

Principal Place of Business

Mailing Address

**350 SOUTH BARFIELD DRIVE
 MARCO ISLAND FL 34145
 US**

**350 SOUTH BARFIELD DRIVE
 MARCO ISLAND FL 34145
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1298893

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

**BARRETT, JOAN F
 1290 LILY CT
 MARCO ISLAND FL 34145**

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

T ☒ Delete
 NAME **BURGER, RONALD**
 STREET ADDRESS **200 STEVENS LANDING #301**
 CITY-ST-ZIP **MARCO ISLAND FL 34145**

T ☒ Change ☐ Addition
 NAME **Joan Beach**
 STREET ADDRESS **440 Edgewater Ct.**
 CITY-ST-ZIP **Marco Island, FL 34145**

VT ☐ Delete
 NAME **BEACH, JOAN**
 STREET ADDRESS **440 EDGEWATER CT**
 CITY-ST-ZIP **MARCO ISLAND FL 34145**

T ☐ Change ☒ Addition
 NAME **Judy Thomazin**
 STREET ADDRESS **1401 Forrest Ct.**
 CITY-ST-ZIP **Marco Island FL 34145**

DT ☒ Delete
 NAME **EHRIE, MARGARET**
 STREET ADDRESS **208 SHADOWRIDGE CT**
 CITY-ST-ZIP **MARCO ISLAND FL 34145**

T ☐ Change ☒ Addition
 NAME **Thomas Thacher**
 STREET ADDRESS **348 Waterleaf Ct.**
 CITY-ST-ZIP **Marco Island FL 34145**

TS ☒ Delete
 NAME **HALASCHAK, CHRIS**
 STREET ADDRESS **1658 BARBADOS CT**
 CITY-ST-ZIP **MARCO ISLAND FL 34145**

T ☐ Change ☒ Addition
 NAME **Lynn Smith**
 STREET ADDRESS **1426 Firwood Ct.**
 CITY-ST-ZIP **Marco Island FL 34145**

☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

T ☐ Change ☒ Addition
 NAME **Tom Rentz**
 STREET ADDRESS **1790 Addison Ct.**
 CITY-ST-ZIP **Marco Island FL 34145**

☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-642-9881

CR2E037 (9/01)