

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #831924

1. Entity Name

PRIMITIVE METHODIST CHURCH IN THE UNITED STATES

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90095 018 ****70.00

Principal Place of Business

Mailing Address

1045 LAUREL RUN RD.
WILKES-BARRE PA 18702-9709

1045 LAUREL RUN ROAD
WILKES-BARRE PA 18702-9709
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-6447633

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

SARGENT, REV. JOHN
931 30TH ST. NW
WINTER HAVEN FL 33881

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 PD ☐ Delete
NAME YARNALL, WAYNE REV
STREET ADDRESS 1045 LAUREL RUN RD.
CITY-ST-ZIP WILKES-BARRE PA 18702-9709

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

TITLE VPD ☐ Delete
NAME RITTS, KERRY R REV
STREET ADDRESS 723 PRESTON LANE
CITY-ST-ZIP HATBORO PA 19040-2321

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

TITLE DS ☐ Delete
NAME ALLEN, REV DAVID JR
STREET ADDRESS 1199 LAWRENCE STREET
CITY-ST-ZIP LOWELL MA 01852

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

TITLE TD ☐ Delete
NAME BALDWIN, MR. RAYMOND
STREET ADDRESS 11012 LANGSTON ARMS CRT.
CITY-ST-ZIP OAKTON VA 22124

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Raymond Baldwin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-2000 978-453-2052
Date Daytime Phone #

CR2E037 (9/99)