

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

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90072 005 ****70.00

DOCUMENT # 831924

1. Entity Name

**PRIMITIVE METHODIST CHURCH IN THE UNITED STATES
OF AMERICA**



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

723 Preston Lane

Suite, Apt. #, etc.

3. Mailing Address

723 Preston Lane

Suite, Apt. #, etc.

City & State

Hatboro, PA

City & State

Hatboro, PA

Zip

19040

Country

U.S.A.

Zip

19040

Country

U.S.A.

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Perkins, Rev. Fred

Street Address (P.O. Box Number is Not Acceptable)

5379 Geiger Cemetery Road

City

Zephyrhills

FL

Zip Code

33541

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 the obligations of registered agent.

SIGNATURE

REV. FRED PERKINS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **President** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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NAME
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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: **Robert Ritts, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 16, 2003

Date

Daytime Phone #

**215
675-2639**

CR2E037 (10/02)