

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90323 036 ****61.25

DOCUMENT # F00000006654

1. Entity Name
THE GENERAL CONFERENCE OF THE EVANGELICAL METHOD

Principal Place of Business Mailing Address
6838 SOUTH GRAY ROAD **6838 SOUTH GRAY ROAD**
INDIANAPOLIS IN 46237 **INDIANAPOLIS IN 46237**

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 **48-0686066** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

C0030075



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPIONE, DAVID M ESQUIRE
600 JENNINGS AVENUE
EUSTIS FL 32728

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	C	<input type="checkbox"/> Delete
NAME	BALDRIDGE, BOB	
STREET ADDRESS	2109 LARKSPUR DRIVE	
CITY-ST-ZIP	LEXINGTON KY 40504	
TITLE	VC	<input type="checkbox"/> Delete
NAME	HEINZE, JAMES	
STREET ADDRESS	3501 WEST EUGIE	
CITY-ST-ZIP	PHOENIX AZ 85029	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARTIDGE, ROBERT	
STREET ADDRESS	602 ELM STREET	
CITY-ST-ZIP	VADALIA LA 71373	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORBY, ELMER	
STREET ADDRESS	6705 GREEN DALE COURT	
CITY-ST-ZIP	FORT WORTH TX 76180	
TITLE	P	<input type="checkbox"/> Delete
NAME	WILLIAMSON, DR. EDWARD W	
STREET ADDRESS	917 WAVELAND LANE	
CITY-ST-ZIP	GREENWOOD IN 46142	
TITLE	ST	<input type="checkbox"/> Delete
NAME	COULSTON, JAMES A	
STREET ADDRESS	2171 SOUTH FAIRVIEW ROAD	
CITY-ST-ZIP	SHELBYVILLE TN 46176	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **JAMES A. COULSTON** 2-28-01 317-780-8017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0001812

CR2E037 (10/00)