

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90267 032 ****61.25

DOCUMENT # F00000006654

1. Entity Name
**THE GENERAL CONFERENCE OF THE EVANGELICAL METHOD
 IST CHURCH, INC.**

Principal Place of Business 6838 SOUTH GRAY ROAD INDIANAPOLIS IN 46237	Mailing Address 6838 SOUTH GRAY ROAD INDIANAPOLIS IN 46237
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P. O. Box 17070 Suite, Apt. #, etc.
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City & State INDIANAPOLIS IN	4. FEI Number 48-0686066	Applied For <input type="checkbox"/> Not Applicable
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Zip 46217	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CAMPIONE, DAVID M ESQUIRE
 600 JENNINGS AVENUE
 EUSTIS FL 32726**

7. Name and Address of New Registered Agent

Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *James A. Coulston* **James A Coulston**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-02 **317-780-8017**
 Date Daytime Phone #

CR2E037 (9/01)