

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

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90128 041 \*\*\*\*61.25

**DOCUMENT # N01000004288**

1. Entity Name

**THE CEDAR KEY UNITED METHODIST CHURCH, INC.**



Principal Place of Business

**626 FOURTH STREET  
4 STREET AT SR 24  
CEDAR KEY FL 32625**

Mailing Address

**PO BOX 338  
CEDAR KEY FL 32625**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3743359**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HELLERMANN, DORIS  
598 SECOND STREET  
PO BOX 117  
CEDAR KEY FL 32625**

7. Name and Address of New Registered Agent

Name **BISHOP, KIM**

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

**5770 S.W. 103 TERR.**

City **CEDAR KEY**

FL

Zip Code  
**32625**

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

Kimberly S. Bishop

(NOTE: Registered Agent signature required when reinstating)

1-12-03

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **TAYLOR, RONNIE**  
STREET ADDRESS **POST OFFICE BOX 697**  
CITY-ST-ZIP **CEDAR KEY FL 32625**

TITLE **VD** ☒ Delete  
NAME **HEALY, MAURICE**  
STREET ADDRESS **16431 SW 120 STREET**  
CITY-ST-ZIP **CEDAR KEY FL 32625**

TITLE **SD** ☐ Delete  
NAME **PENNEY, SUE**  
STREET ADDRESS **PO BOX 421**  
CITY-ST-ZIP **CEDAR KEY FL 32625**

TITLE **D** ☐ Delete  
NAME **CAMPBELL, WILLIAM**  
STREET ADDRESS **PO BOX 136**  
CITY-ST-ZIP **CEDAR KEY FL 32625**

TITLE **T** ☒ Delete  
NAME **HELLERMANN, DORIS**  
STREET ADDRESS **POST OFFICE BOX 117**  
CITY-ST-ZIP **CEDAR KEY FL 32625**

TITLE **D** ☐ Delete  
NAME **MCKNEELY, MARGARET**  
STREET ADDRESS **PO BOX 306**  
CITY-ST-ZIP **CEDAR KEY FL 32625**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition  
NAME **HALDEMAN, GARY**  
STREET ADDRESS **P.O. BOX 183**  
CITY-ST-ZIP **CEDAR KEY, FL 32625**

TITLE **VD** ☒ Change ☐ Addition  
NAME **TAYLOR, RONNIE**  
STREET ADDRESS **P.O. BOX 990**  
CITY-ST-ZIP **CEDAR KEY, FL 32625**

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

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

TITLE **BISHOP, KIM** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **5770 S.W. 103 TERR.**  
CITY-ST-ZIP **CEDAR KEY FL 32625**

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:

GARY HALDEMAN 1/9/03 352 543 5525

CR2E037 (10/02)