

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90194 003 ****61.25

DOCUMENT # N15782

1. Entity Name

ELLENTON UNITED METHODIST CHURCH, INC.

Principal Place of Business

Mailing Address

3607 US HWY 301 N.
 ELLENTON FL 34222-2326

3607 US HWY 301 N.
 ELLENTON FL 34222-2326

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

59-2753168

Applied For

Not Applicable

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

WHEELER, DONNA J
3716 BUENA VISTA WAY S
ELLENTON FL 34222

Name

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

City

FL

Zip Code

DO NOT WRITE IN THIS SPACE



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:
FEES 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	PARKS, JEAN	
STREET ADDRESS	37 RIVERVIEW DR	
CITY-ST-ZIP	ELLENTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	OTTO, THOMAS W	
STREET ADDRESS	3607 HIGHWAY #301 N	
CITY-ST-ZIP	ELLENTON FL	
TITLE	F	<input type="checkbox"/> Delete
NAME	SHEPHERD, JAMES H	
STREET ADDRESS	4128 LONGLAKE DR	
CITY-ST-ZIP	ELLENTON FL 34222	
TITLE	T	<input type="checkbox"/> Delete
NAME	BUKOWSKI, DAVID D	
STREET ADDRESS	6 TAHITIAN DR	
CITY-ST-ZIP	ELLENTON FL 34222	
TITLE	C	<input type="checkbox"/> Delete
NAME	MAXWELL, ERNA	
STREET ADDRESS	458 SUNSET CIR	
CITY-ST-ZIP	ELLENTON FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	WHEELER, DONNA J	
STREET ADDRESS	3716 BUENA VISTA WAY S	
CITY-ST-ZIP	ELLENTON FL	

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		
CITY-ST-ZIP		
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		
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:

Donna J Wheeler
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-99

729-6802

CR2E037 (9/99)