

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

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90164 001 ****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



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2753168 INC & RECT** Applied For
59-2754168 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

**SHEPHERD, JAMES
4128 LONG LAKE DRIVE S
ELLENTON FL 34222**

Name
MARLEN J HAGER, JR
Street Address (P.O. Box Number is Not Acceptable)
615 POINSETTIA AVE.
City
ELLENTON, FL Zip Code
34222

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

DATE **Mar 11, 2003**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VC	<input type="checkbox"/> Delete
NAME	MEARES, DON	
STREET ADDRESS	612 CAMELLIA AVE	
CITY-ST-ZIP	ELLENTON FL 34222	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRUNS, STEVEN	
STREET ADDRESS	6501 61ST DR. E.	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	F	<input checked="" type="checkbox"/> Delete
NAME	EDWARDS, LAWRENCE J	
STREET ADDRESS	137 HUMMINGBIRD AVE	
CITY-ST-ZIP	ELLENTON FL 34222	
TITLE	T	<input type="checkbox"/> Delete
NAME	BACON, JERRY	
STREET ADDRESS	1536 47TH AVE DR E	
CITY-ST-ZIP	ELLENTON FL 34222	
TITLE	FS	<input type="checkbox"/> Delete
NAME	HUSBAND, LUCILLE	
STREET ADDRESS	3304 CEDAR STREET	
CITY-ST-ZIP	ELLENTON FL 34222	
TITLE	T	<input checked="" 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	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES SHEPARD	
STREET ADDRESS	4128 LONG LAKE DRIVE S	
CITY-ST-ZIP	ELLENTON, FL 34222	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T CAROLYN B HAGER	
STREET ADDRESS	615 POINSETTIA AVE.	
CITY-ST-ZIP	ELLENTON, FL 34222	

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 REQUIRED** JERRY BACON 3/24/03 (941) 729-2590

CR2E037 (10/02)