

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90070 038 ****61.25

DOCUMENT # N47053

1. Entity Name

DAVENPORT UNITED METHODIST CHURCH, INC.

Principal Place of Business

Mailing Address

**3 NORTH SUWANNEE AVENUE
 P.O. BOX 145
 DAVENPORT FL 33837
 US**

**28 MARKET STREET
 P.O. BOX 145
 DAVENPORT FL 33836-0145**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6141889

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**RHODES, PAMELA
 3 NORTH SUWANNEE AVE
 DAVENPORT FL 33836**

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 PAMELA RHODES

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

Pamela Rhodes

(NOTE: Registered Agent signature required when reinstating)

3-28-00

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	WANNER, VIRGINIA	
STREET ADDRESS	332 CITRUS RIDGE DR	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOCE, CHARLES	
STREET ADDRESS	3700 US HWY 17 - 92 N G43	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE	D	<input type="checkbox"/> Delete
NAME	VILLERS, LARRY	
STREET ADDRESS	918 HOLLY HILL RD	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUST, JOHN	
STREET ADDRESS	P.O. BOX 465 N/A	
CITY-ST-ZIP	DAVENPORT FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARGER, KEN	
STREET ADDRESS	447 BALL CT	
CITY-ST-ZIP	KISSIMMEE FL 34759	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEMKE, EDWARD	
STREET ADDRESS	102 Golf Crest Ln.	
CITY-ST-ZIP	Davenport, Florida 33837	
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:

EDWARD LEMKE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-27-00
 Date

(863) 431-2218
 Daytime Phone #

CR2E037 (9/99)