

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/3

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90085 037 \*\*\*\*\*8.75  
03-14-2001 90009 009 \*\*\*\*\*52.50

**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 33837

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

59-6141889

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

RHODES, PAMELA  
3 NORTH SUWANNEE AVE  
DAVENPORT FL 33838

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 Pamel Rhodes

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

(NOTE: Registered Agent signature required when reinstating)

Jan. 17, 2001

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 ☒ Delete  
NAME D  
STREET ADDRESS WANNER, VIRGINIA  
CITY-ST-ZIP 332 CITRUS RIDGE DR  
DAVENPORT FL 33837

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS Virginia Simzak  
CITY-ST-ZIP 689 Lake Howard Dr. F-1  
Winter Haven, Florida 33880

TITLE ☒ Delete  
NAME D  
STREET ADDRESS HOCE, CHARLES  
CITY-ST-ZIP 3700 US HWY 17 - 92 N G43  
DAVENPORT FL 33837

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS Roy Ackroyd  
CITY-ST-ZIP P O Box 3, W Bay Street  
Davenport, Florida 33836

TITLE ☐ Delete  
NAME D  
STREET ADDRESS VILLERS, LARRY  
CITY-ST-ZIP 918 HOLLY HILL RD  
DAVENPORT FL 33837

TITLE ☐ Change ☐ Addition  
NAME D  
STREET ADDRESS Irene n Lemke  
CITY-ST-ZIP 102 Golf Crest Ln  
Davenport, FL. 33837

TITLE ☐ Delete  
NAME D  
STREET ADDRESS LEMKE, EDWARD  
CITY-ST-ZIP 102 GOLF CREST LANE  
DAVENPORT FL 33837

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

TITLE ☒ Delete  
NAME D  
STREET ADDRESS BARGER, KEN  
CITY-ST-ZIP 447 BALL CT  
KISSIMMEE FL 34759

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**IRENE N LEMKE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 17, 2001

Date

Daytime Phone #

(863) 421-2218

CR2E037 (10/00)