

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90024 031 ****61.25

DOCUMENT # N97000006147

1. Entity Name

COMMUNITY UNITED METHODIST CHURCH OF LAKE COMO,

Principal Place of Business

Mailing Address

126 HIGHLAND AVE
 LAKE COMO FL 32157

PO BOX 330
 LAKE COMO FL 32157-0330

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

APPLIED FOR

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

FLEMING, EMMA
24 MILLER ST, KIRKWOOD ESTATES
POMONA PARK FL 32181

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

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

(NOTE: Registered Agent signature required when reinstating)

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	FLORIO, CHRIS	
STREET ADDRESS	PO BOX 193	
CITY-ST-ZIP	LAKE COMO FL 32157-0193	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANSFORD, CHARLENE	
STREET ADDRESS	PO BOX 249	
CITY-ST-ZIP	LAKE COMO FL 32157-0249	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FLEMING, EMMA	
STREET ADDRESS	24 MILLER ST, KIRKWOOD ESTATES	
CITY-ST-ZIP	POMONA PARK FL 32181	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TAYLOR, RUTH	
STREET ADDRESS	PO BOX 433	
CITY-ST-ZIP	LAKE COMO FL 32157-0433	
TITLE	D	<input type="checkbox"/> Delete
NAME	KNOPP, VIRGLE	
STREET ADDRESS	P. O. BOX 433	
CITY-ST-ZIP	LAKE COMO FL 32157-0188	
TITLE	D	<input type="checkbox"/> Delete
NAME	STACK, DANNY	
STREET ADDRESS	PO BOX 54	
CITY-ST-ZIP	LAKE COMO FL 32157-0054	

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		
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STREET ADDRESS		
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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: *Emma Fleming* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 12, 2000

Date

904-649-8480

Daytime Phone #