

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**

01-16-2001 90066 042 \*\*\*\*61.25

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**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

00003610



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

**59-3248364**

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**  Delete  
 NAME **FLORIO, CHRIS**  
 STREET ADDRESS **PO BOX 193**  
 CITY-ST-ZIP **LAKE COMO FL 32157-0193**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **LANSFORD, CHARLENE**  
 STREET ADDRESS **PO BOX 249**  
 CITY-ST-ZIP **LAKE COMO FL 32157-0249**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **FLEMING, EMMA**  
 STREET ADDRESS **24 MILLER ST, KIRKWOOD ESTATES**  
 CITY-ST-ZIP **POMONA PARK FL 32181**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **TAYLOR, RUTH**  
 STREET ADDRESS **PO BOX 433**  
 CITY-ST-ZIP **LAKE COMO FL 32157-0433**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **KNOPP, VIRGLE**  
 STREET ADDRESS **P. O. BOX 433**  
 CITY-ST-ZIP **LAKE COMO FL 32157-0188**

TITLE  Change  Addition  
 NAME **D**  
 STREET ADDRESS **GREER, VERNON**  
 CITY-ST-ZIP **P. O. Box 216, LAKE COMO, FL 32157-0216**

TITLE **D**  Delete  
 NAME **STACK, DANNY**  
 STREET ADDRESS **PO BOX 54**  
 CITY-ST-ZIP **LAKE COMO FL 32157-0054**

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:

*Ruth Taylor*  
**Ruth Taylor**

Jan. 9, 2001

Date

649-4087

Daytime Phone #

CR2E037 (10/00)