

2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 31, 2002 8:00 am
Secretary of State

02-26-2002 90045 040 ****61.25

DOCUMENT # N97000006147
 1. Entity Name
COMMUNITY UNITED METHODIST CHURCH OF LAKE COMO, INC.

Principal Place of Business 126 HIGHLAND AVE LAKE COMO FL 32157	Mailing Address PO BOX 330 LAKE COMO FL 32157-0330
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10100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3248364	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FLEMING, EMMA
24 MILLER ST, KIRKWOOD ESTATES
POMONA PARK FL 32161

7. Name and Address of New Registered Agent
 Name: **Virgie Knapp**
 Street Address (P.O. Box Number is not acceptable):
PO Box 188
437 Lake Como Dr.
 City: **Lake Como** FL Zip Code: **32157**

8. The above named party submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.
 SIGNATURE: *[Signature]* Pastor DATE: **1/31/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE: D	NAME: FLORIO, CHRIS	STREET ADDRESS: PO BOX 193	CITY-ST-ZIP: LAKE COMO FL 32157-0193	<input type="checkbox"/> Delete
TITLE: D	NAME: LANSFORD, CHARLENE	STREET ADDRESS: PO BOX 249	CITY-ST-ZIP: LAKE COMO FL 32157-0249	<input checked="" type="checkbox"/> Delete
TITLE: TD	NAME: FLEMING, EMMA	STREET ADDRESS: 24 MILLER ST, KIRKWOOD ESTATES	CITY-ST-ZIP: POMONA PARK FL 32181	<input checked="" type="checkbox"/> Delete
TITLE: SD	NAME: TAYLOR, RUTH	STREET ADDRESS: PO BOX 433	CITY-ST-ZIP: LAKE COMO FL 32157-0433	<input type="checkbox"/> Delete
TITLE: D	NAME: GREER, VERNON	STREET ADDRESS: P O BOX 216	CITY-ST-ZIP: LAKE COMO FL 32157-0216	<input type="checkbox"/> Delete
TITLE: D	NAME: STACK, DANNY	STREET ADDRESS: PO BOX 54	CITY-ST-ZIP: LAKE COMO FL 32157-0054	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D	NAME: Virgie Knapp	STREET ADDRESS: PO Box 188	CITY-ST-ZIP: Lake Como FL 32157	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD	NAME: Rudy Williams	STREET ADDRESS: Rt 1 Box 562	CITY-ST-ZIP: unincorporated city FL 32112	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]* Virgie Knapp DATE: **1/31/02** Daytime Phone #: **648-8419**

CR2E037 (9/01)