2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # N98000001242 Apr 19, 2000 8:00 am Secretary of State RUSKIN UNITED METHODIST CHURCH, INC. 04-19-2000 90070 028 ****61.25 Principal Place of Business Mailing Address 105 FOURTH STREET NW PO BOX 745 RUSKIN FL 33570-0745 RIISKIN FL 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0994487 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DSWALT. DRIS Street Address (P.O. Box Number is Not Acceptable) RIDDLE, CHARLES 2040 SAFFOLD PARK DRIVE RUSKIN FL 33570 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, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to - FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS Addition **PSTD** Delete TITLE ☐ Change TITLE OSWALT, Chris NAME RIDDLE, CHARLES NAME STREET ADDRESS 1004 CallE Rose WAY STREET ADDRESS 2040 SAFFOLD PARK DR CITY-ST-ZIP CITY-ST-ZIP Ruskin Fl. 33570 RUSKIN FL 33570 Change ☐ Delete TITLE TITLE HARGARD, ROBERT NAME NAME Haggard Robert. 512 Solltaire Palmury Apollo Brack Fl: 33570 STREET ADDRESS 6522 SOLITAIRE PALM WAY STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP APOLLO BEACH FL 33572 ☐ Change Addition Delete TITLE Gausche Rence TITLE KARNES, WILLIAM NAME 6517 Senegal Falm WAY STREET ADDRESS STREET ADDRESS 92 8TH ST NE Apoilo Beach, Fl. 33572 CITY-ST-ZIP CITY-ST-ZIP RUSKIN FL 33570 Delete Change Addition TITLE PMixon, Juline TITLE NAME NAME RIDDLE, CHARLES 3412 36th AUE SE STREET ADDRESS STREET ADDRESS 2040 SAFFOLD PARK DR Ruskin, Fl 33570 CITY-ST-ZIP CITY-ST-ZIP RUSKIN FL 33570 Addition Delete TITLE Change TITLE Anderson Carl NAME NAME LEE. MAX 202 6th Ave. S.W. STREET ADDRESS STREET ADDRESS 2501 UNIVERSAL DR CITY-ST-ZIF CITY-ST-ZIP Ruskin Fl. 33570 RUSKIN FL 33570 ☐ Change Addition Delete TITLE TITLE ook, Alfred NAME KNISLEY, SHIRLEY NAME 2503 Univeral Dr. STREET ADDRESS STREET ADDRESS 2821 GULF CITY RD #51 CITY-ST-ZIP CITY-ST-ZIP **RUSKIN FL 33570** 12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date