

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90943 040 \*\*\*\*61.25

**DOCUMENT # N98000001242**

1. Entity Name

**RUSKIN UNITED METHODIST CHURCH, INC.**



Principal Place of Business

**105 FOURTH STREET NW  
RUSKIN FL**

Mailing Address

**PO BOX 745  
RUSKIN FL 33570**

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 **59-0994487**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**OSWALT, CHRIS  
1004 CALLE ROSE WAY  
RUSKIN FL 33570**

7. Name and Address of New Registered Agent

Name

**Robert Adams**

Street Address (P.O. Box Number is Not Acceptable)

**214 6th Ave SW**

City

**Ruskin**

**FL**

Zip Code  
**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Robert D Adams*

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

(NOTE: Registered Agent signature required when reinstating)

**2-12-03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	<b>C</b> <b>OSWALT, CHRIS</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>1004 CALLE ROSE WAY</b>	
CITY-ST-ZIP	<b>RUSKIN FL 33570</b>	
TITLE NAME	<b>D</b> <b>HARGARD, ROBERT</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>6522 SOLITAIRE PALM WAY</b>	
CITY-ST-ZIP	<b>APOLLO BEACH FL 33572</b>	
TITLE NAME	<b>D</b> <b>GAUSCHE, RENEE</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>6517 SENEGAL PALM WAY</b>	
CITY-ST-ZIP	<b>APOLLO BEACH FL 33572</b>	
TITLE NAME	<b>D</b> <b>MIXON, JULINE</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>3412 36TH AVE SE</b>	
CITY-ST-ZIP	<b>RUSKIN FL 33570</b>	
TITLE NAME	<b>D</b> <b>ANDERSON, CARL</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>202 6TH AVE SW</b>	
CITY-ST-ZIP	<b>RUSKIN FL 33570</b>	
TITLE NAME	<b>D</b> <b>COOL, ALFRED</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>2503 UNIVERAL DR</b>	
CITY-ST-ZIP	<b>RUSKIN FL 33570</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>Chair</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>Robert Adams, 214 6th Ave. SW</b>	
CITY-ST-ZIP	<b>Ruskin FL 33570</b>	
TITLE NAME	<b>ViceChair</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>Dooley Houghtaling</b>	
CITY-ST-ZIP	<b>1601 Stephens Rd Ruskin FL 33570</b>	
TITLE NAME	<b>Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>Laura Adams</b>	
CITY-ST-ZIP	<b>214 6th Ave SW Ruskin FL 33570</b>	
TITLE NAME	<b>D</b> <b>Pat Strickland</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>311 Manatee Ave</b>	
CITY-ST-ZIP	<b>Ruskin FL 33570</b>	
TITLE NAME	<b>D</b> <b>Shirley Knisley</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>Caribbean Isles, 104 Martin Way</b>	
CITY-ST-ZIP	<b>APOLLO BEACH FL 33572</b>	
TITLE NAME	<b>D</b> <b>Max Lee</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>2501 Universal Dr</b>	
CITY-ST-ZIP	<b>Ruskin FL 33570</b>	

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:

*Robert D Adams*

**2-12-03**

**813  
645  
1241**

CR2E037 (10/02)