

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # N92000000393

1. Entity Name

PILGRIMS' UNITED CHURCH OF CHRIST, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

04-22-2000 90121 004 ****61.25

Principal Place of Business

509 COUNTY ROAD 468
FRUITLAND FL 34731
US

Mailing Address

509 COUNTY ROAD 468
FRUITLAND FL 34731-3819
US

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

59-3157008

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STARKWEATHER, MARY L
17912 SE 115TH COURT
SUMMERFIELD FL 34491

7. Name and Address of New Registered Agent

Name

Jo Lynch

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

17832 SE 115th Court

City

Summerfield

FL

Zip Code

34491

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

Mary L. Starkweather

Mary L. Starkweather

4/15/00

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

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	OWENS, KENNETH	
STREET ADDRESS	114 ROBIN LANE	
CITY-ST-ZIP	WILDWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLET, CRAIG B.	
STREET ADDRESS	230 PALO VERDE DR.	
CITY-ST-ZIP	LEESBURG FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BRADLEY, MARY JANE	
STREET ADDRESS	11037 NC 475	
CITY-ST-ZIP	OXFORD FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	STARWEATHER, MARY	
STREET ADDRESS	17912 S.E. 115TH CT.	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE	Moderator	<input type="checkbox"/> Delete
NAME	Starkweather, Mary L.	
STREET ADDRESS	17912 SE 115th Court	
CITY-ST-ZIP	Summerfield FL 34491	
TITLE	Clerk/SECRETARY	<input type="checkbox"/> Delete
NAME	Jo Lynch	
STREET ADDRESS	17832 SE 115th Court	
CITY-ST-ZIP	Summerfield FL 34491	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Vice Moderator	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harry Harrison		
STREET ADDRESS	308 Willow Way		
CITY-ST-ZIP	Lady Lake, FL 32159		
TITLE	Clerk/Secretary	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jo Lynch		
STREET ADDRESS	17832 SE 115th Ct.		
CITY-ST-ZIP	Summerfield, FL 34491		
TITLE	Moderator	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary L. Starkweather		
STREET ADDRESS	17912 SE 115th Ct.		
CITY-ST-ZIP	Summerfield FL 34491		
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			

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:

Mary L. Starkweather

Date

Daytime Phone #

CR2E037 (9/99)