

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90674 012 \*\*\*\*61.25

0081018

**DOCUMENT # 700283**

1. Entity Name

**ALDERSGATE UNITED METHODIST CHURCH, INC.**

Principal Place of Business

Mailing Address

**ATTN: BOARD OF TRUSTEES  
 9530 STARKEY ROAD  
 SEMINOLE FL 34647-2203**

**ATTN: BOARD OF TRUSTEES  
 9530 STARKEY ROAD  
 SEMINOLE FL 34647-2203**



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

**59-1423757**

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

**ENGELHARDT JR., CHARLES E.  
 9530 STARKEY ROAD  
 SEMINOLE FL 33543**

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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PARO, MARTIN</b>	
STREET ADDRESS	<b>9530 94TH ST N</b>	
CITY-ST-ZIP	<b>SEMINOLE FL 33777</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CARTER, KELLY</b>	
STREET ADDRESS	<b>12456 93RD WAY N</b>	
CITY-ST-ZIP	<b>LARGO FL 33773</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PERKINS, PAUL</b>	
STREET ADDRESS	<b>9001 65 WAY NORTH</b>	
CITY-ST-ZIP	<b>PINELLAS PARK FL 33782</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BENSON, KATHERINE</b>	
STREET ADDRESS	<b>1987 CORMORANT COURT APT. 515</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33762</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>INGRAM, JAMES</b>	
STREET ADDRESS	<b>9000 PARK BLVD. #4</b>	
CITY-ST-ZIP	<b>LARGO FL 33777</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HOLLAND, KRISY</b>	
STREET ADDRESS	<b>8201 YARDLEY AVENUE</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33710</b>	

TITLE	<b>TRUSTEE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ARNOLD, GREGORY</b>	
STREET ADDRESS	<b>8674 LANTANA DR</b>	
CITY-ST-ZIP	<b>SEMINOLE, FL 33777</b>	
TITLE	<b>TRUSTEE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>J. D. RUSSELL</b>	
STREET ADDRESS	<b>9136 Orchard Dr N</b>	
CITY-ST-ZIP	<b>SEMINOLE, FL 33777</b>	
TITLE	<b>TRUSTEE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GAIL RUSSELL</b>	
STREET ADDRESS	<b>8398 78th AVE N</b>	
CITY-ST-ZIP	<b>SEMINOLE, FL 33777</b>	
TITLE	<b>TRUSTEE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SUSAN MCCORMACK</b>	
STREET ADDRESS	<b>4803 Magnolia PL</b>	
CITY-ST-ZIP	<b>LARGO, FL 33777</b>	
TITLE	<b>TRUSTEE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROBERT BURLS</b>	
STREET ADDRESS	<b>8586 Denise DR</b>	
CITY-ST-ZIP	<b>SEMINOLE, FL 33777</b>	
TITLE	<b>TRUSTEE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROBIN BROWN</b>	
STREET ADDRESS	<b>10932 84th AVE N</b>	
CITY-ST-ZIP	<b>SEMINOLE, FL 33772</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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GREGORY C ARNOLD** 34602 0218

Date

Daytime Phone #

CR2E037 (9/01)