

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

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90177 035 ****61.25

DOCUMENT # 700283

1. Entity Name
ALDERSGATE UNITED METHODIST CHURCH, INC.



Principal Place of Business
**ATTN: BOARD OF TRUSTEES
9530 STARKEY ROAD
SEMINOLE FL 34647-2203**

Mailing Address
**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 **59-152375**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

T ☐ Delete
NAME **ARNOLD, GREGORY**
STREET ADDRESS **8674 LANTANA DR**
CITY-ST-ZIP **SEMINOLE FL 33777**

T ☐ Delete
NAME **RUSSELL, J.D.**
STREET ADDRESS **9136 ORCHARD DEN**
CITY-ST-ZIP **LARGO FL 33773**

T ☐ Delete
NAME **RUSSELL, GAIL**
STREET ADDRESS **8398 78TH AVE. N**
CITY-ST-ZIP **SEMINOLE FL 33777**

T ☐ Delete
NAME **MC CORMACK, SUSAN**
STREET ADDRESS **8806 MAGNOLIA PL**
CITY-ST-ZIP **LARGO FL 33777**

D ☒ Delete
NAME **INGRAM, JAMES**
STREET ADDRESS **9000 PARK BLVD. #4**
CITY-ST-ZIP **LARGO FL 33777**

T ☐ Delete
NAME **BROWN, ROBIN**
STREET ADDRESS **10932 84TH AVE N**
CITY-ST-ZIP **SEMINOLE FL 33772**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition
TITLE **TRUSTEE**
NAME **ROBERT SURLS**
STREET ADDRESS **8586 DENISE DR**
CITY-ST-ZIP **SEMINOLE, FL 33777**

☐ Change ☐ Addition
TITLE
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: *Pamela J. Beversdorf* **727-391-0218**

CR2E037 (10/02)