

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-17-2002 90058 025 ****61.25

DOCUMENT # 700134

1. Entity Name

WESLEY CHAPEL METHODIST CHURCH INC

Principal Place of Business

Mailing Address

3307 S W 15TH AVE
 FT LAUDERDALE FLA 33315

P. O. BOX 21432
 FT. LAUDERDALE FL 33315
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1085950

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

CROGAN, MARGARET V.

1463 SW 15TH TERR.

FORT LAUDERDALE FL 33312

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

Lorraine Keberdle, Treas.

4/6/2002

(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 **PD** ☒ Delete
 NAME **CROGAN, MARGARET**
 STREET ADDRESS **1463 SW 15TH TERR.**
 CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE **TD** ☐ Delete
 NAME **KEBERDLE, LORRAINE**
 STREET ADDRESS **826 SW 27 ST**
 CITY-ST-ZIP **FT LAUDERDALE FL** *D*

TITLE **D** ☒ Delete
 NAME **LIDDICOTT, SHIRLEY**
 STREET ADDRESS **1615 SW 25TH ST**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Secretary** ☐ Change ☒ Addition
 NAME **Mary W. Knight**
 STREET ADDRESS **10141 S.W. 29th**
 CITY-ST-ZIP **St. Lauderdale, Fla. 33315** *D*

TITLE **Chairman of Board** ☐ Change ☒ Addition
 NAME **Georgene Kasprioke**
 STREET ADDRESS **808 S.W. 13th**
 CITY-ST-ZIP **St. Lauderdale, Fla. 33315**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Lorraine Keberdle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 6, 2002

Date

954-523-8953

Daytime Phone #

CR2E037 (9/01)