2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State
04-01-2002 90674 012 ****61.25

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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

DO NOT WRITE IN THIS SPACE

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 (1523757) ☐ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARO, MARTIN 9530 94TH ST N SEMINOLE FL 33777	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRUSTEE ARNOLD, GREGORY 8674 LANTANA DR SEMINOLE, FL 33777 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CARTER, KELLY 12456 93RD WAY N LARGO FL 33773	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRUSTEE J.D. RUSSELL 9136 Orchard Den SEMINOLE, FL 33777 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PERKINS, PAUL 9001 65 WAY NORTH PINELLAS PARK FL 33782	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRUSTEE GAIL RUSSELL 8398 78th Ave N SEMINOLE, FL 33777 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENSON, KATHERINE 1967 CORMORANT COURT APT. 515 CLEARWATER FL 33762	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRUSTEE SUSAN MCCORMACK 8803 Magnolia Pl LARGO, FL 33777 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D INGRAM, JAMES 9000 PARK BLVD. #4 LARGO FL 33777	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRUSTEE ROBERT BURNS 8586 Denise Dr SEMINOLE, FL 33777 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HOLLAND, KRISY 8201 YARDLEY AVENUE SAINT PETERSBURG FL 33710	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRUSTEE ROBIN BROWN 10932 84th Ave N SEMINOLE, FL 33772 ☐ Change ☒ Addition

CR2E037 (9/01)

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 REQUIRED Gregory C Arnold 3/19/02 727-391-0218
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #