

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90172 037 \*\*\*\*61.25

**DOCUMENT # 701998**

1. Entity Name

**ALOMA UNITED METHODIST CHURCH, INC.**

Principal Place of Business

Mailing Address

**ALOMA UNITED METHODIST CHURCH  
 3045 ALOMA AVENUE  
 WINTER PARK FL 32792**

**ALOMA UNITED METHODIST CHURCH  
 3045 ALOMA AVENUE  
 WINTER PARK FL 32792-3702**

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

**59-6046991**

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

**MATHENEY, C. DONALD  
 7506 WAUNATTA CT.  
 WINTER PARK FL 32792**

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 **T** ☒ Delete  
 NAME **KELLY, MYRA**  
 STREET ADDRESS **2418 TIOGA TRAIL**  
 CITY-ST-ZIP **WINTER PARK FL**

TITLE **T** ☐ Change ☒ Addition  
 NAME **John L. Rader**  
 STREET ADDRESS **3307 Balsam Dr.**  
 CITY-ST-ZIP **Winter Park, FL 32792**

TITLE **TR** ☐ Delete  
 NAME **FALLON, LEWIS J.**  
 STREET ADDRESS **2608 VERDE LANE**  
 CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **T** ☐ Change ☒ Addition  
 NAME **Lynn Standridge**  
 STREET ADDRESS **336 Merrie Oaks Road**  
 CITY-ST-ZIP **Winter Park, FL 32792**

TITLE **STR** ☐ Delete  
 NAME **TAYLOR, KARIN**  
 STREET ADDRESS **7924 SNOWBERRY CIRCLE**  
 CITY-ST-ZIP **ORLANDO FL 32819**

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

TITLE **CTR** ☐ Delete  
 NAME **MATHENEY, C. DONALD**  
 STREET ADDRESS **7506 WAUNATTA CT**  
 CITY-ST-ZIP **WINTER PARK FL 32792**

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

TITLE **VTR** ☒ Delete  
 NAME **SMITH, TIMOTHY L.**  
 STREET ADDRESS **3074 RIVIERA BAY COURT**  
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **T** ☐ Change ☒ Addition  
 NAME **Robert R. Taylor**  
 STREET ADDRESS **6040 Twin Lakes Dr.**  
 CITY-ST-ZIP **Oviedo, FL 32765**

TITLE **TR** ☒ Delete  
 NAME **EWING, CHARLES L**  
 STREET ADDRESS **1022 MANCHESTER CIRCLE**  
 CITY-ST-ZIP **WINTER PARK FL 32792**

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:

*C. Donald Matheney*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/6/2000*

CR2E037 (9/99)