

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

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90974 004 \*\*\*\*61.25

**DOCUMENT # 701998**

1. Entity Name

**ALOMA UNITED METHODIST CHURCH, INC.**



Principal Place of Business

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

Mailing Address

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

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T RADER, JOHN L 3307 BALSAM DR WINTER PARK FL 32792</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T STANDRIDGE, T. LYNN 336 MERRIE OAKS ROAD WINTER PARK FL 32792</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT FULLER, E. ALLEN 2762 PRINCE ROAD WINTER PARK FL 32792</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SCHLAF, KENNETH 1305 BRAZILIAN LANE WINTER PARK FL 32792</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SCOTT, RANDY W 4715 HALL RD. ORLANDO FL 32817</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT SHAW, THERESA Y 4419 FORELAND PLACE ORLANDO FL 32812</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Hart, Thomas 14956 Faversham Circle Orlando, FL 32826</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Bertram, Paul 1461 Fairway Oaks Dr. Casselberry, FL 32707</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Tilbury, Kevin W. 311 N. Ranger Blvd. Winter Park, FL 32792</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* **WILLIAM W. WILSON**

2/27/03

407-736-75982

CR2E037 (10/02)

attachment

Aloma United Methodist Church, Inc.  
3045 Aloma Ave.  
Winter Park, FL 32792

FEI Number: 59-6046991

70024097  
701998

10. Additional Trustees (Directors)

Title: ST  
Name: Lynn Akers  
Street Address: 4410 Inland Lane  
City-St-Zip: Orlando, FL 32817

Title: T  
Name: J. Perry Reams  
Street Address: 339 Carolyn Dr.  
City-St-Zip: Oviedo, FL 32765