

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702017

1. Entity Name

PINE CASTLE METHODIST CHURCH INC

Principal Place of Business

ATTENTION - FINANCIAL SECRETARY
731 EAST FAIRLANE AVENUE
ORLANDO FL 32809

Mailing Address

ATTENTION - FINANCIAL SECRETARY
731 EAST FAIRLANE AVENUE
ORLANDO FL 32809

2. Principal Place of Business

3. Mailing Address

5933 Randolph Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Orlando, FL

Zip

Country

Zip
32809

Country

USA

REINSTATEMENT 2000

4. FEI Number

59-0816459

Applied For
Not Applied

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIGRIST, ROBERT
3821 GATLIN RIDGE DRIVE
ORLANDO FL 32812

7. Name and Address of New Registered Agent

Name Jack L. Walston
Street Address (P.O. Box Number is Not Acceptable)
5933 Randolph Avenue
City Orlando FL Zip Code 32809

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

Jack L. Walston

JACK L. WALSTON

8-21-00

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

After September 13, 2000 min. will be \$236.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MC LEOD, JOHN SR 4236 QUANO DR ORLANDO FL 32812-2849	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIGRIST, ROBERT 3821 GATLIN RIDGE DRIVE ORLANDO FL 32812	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILSON, PAULLY 849 KEATS AVE ORLANDO FL 32809-6459	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEARRIGOITIA, ERIC 6761 SCIMITAR AVE ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Walston, Jack 5933 Randolph Avenue Orlando, FL 32809	<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	700003419877-3 -10/10/00-01007-001 ****245.00 ****245.00	<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:

Jack L. Walston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-21-00

Date

407-438-2737

Daytime Phone #

FILED
00 SEP 25 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

