

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90135 035 ****61.25

DOCUMENT # 702017

1. Entity Name

PINE CASTLE METHODIST CHURCH INC

Principal Place of Business

Mailing Address

**ATTENTION - FINANCIAL SECRETARY
 731 EAST FAIRLANE AVENUE
 ORLANDO FL 32809**

**5933 RANDOLPH AVENUE
 ORLANDO FL 32809**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0816459**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WALSTON, JACK L
 5933 RANDOLPH AVENUE
 ORLANDO FL 32809**

Name **Christian Oleck**

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

Christian Oleck

1/16/02

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 **MC LEOD, JOHN SR**
 STREET ADDRESS **4236 QUANO DR**
 CITY-ST-ZIP **ORLANDO FL 32812-2849**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **WALSTON, JACK**
 STREET ADDRESS **5933 RANDOLPH AVENUE**
 CITY-ST-ZIP **ORLANDO OR 32809**

TITLE **SD** Change Addition
 NAME **Oleck, Christian**
 STREET ADDRESS **5933 Randolph Avenue**
 CITY-ST-ZIP **Orlando, FL 32809**

TITLE **VD** Delete
 NAME **KUCK, DUANE**
 STREET ADDRESS **2549 OAK ISLAND PT RD**
 CITY-ST-ZIP **ORLANDO FL 32809-6459**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **DEARRIGOITIA, ERIC**
 STREET ADDRESS **6761 SCIMITAR AVE**
 CITY-ST-ZIP **ORLANDO FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

~~SIGNATURE REQUIRED~~

Christian Oleck

1/16/02

407-438-2737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)