

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703101

1. Entity Name

LAKEWOOD PARK UNITED METHODIST CHURCH INC.

Principal Place of Business

5405 TURNPIKE FEEDER RD
FT PIERCE FL 34951

Mailing Address

5405 TURNPIKE FEEDER RD
FT PIERCE FL 34951

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. EEI Number 59-2456953

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

BIGGINS, BOB
6700 LILA COURT
FORT PIERCE FL 34951

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 P ☒ Delete
NAME FITCHETT, JAMES
STREET ADDRESS 5108 PALEO PINES CIRCLE
CITY-ST-ZIP FORT PIERCE FL 34951

TITLE D ☐ Change ☒ Addition
NAME BETTY PARSONS
STREET ADDRESS 6902 BAYARD ROAD
CITY-ST-ZIP FT. PIERCE, FL 34951

TITLE D ☐ Delete
NAME HANNA, JEFFREY
STREET ADDRESS 6702 PENNY LANE
CITY-ST-ZIP FT. PIERCE FL

TITLE D ☐ Change ☒ Addition
NAME ROBERT GRZECH
STREET ADDRESS 7605 WINTER GARDEN PARKWAY
CITY-ST-ZIP FT. PIERCE, FL 34951

TITLE D ☒ Delete
NAME BECK, TED
STREET ADDRESS 33 ECUADOR WAY
CITY-ST-ZIP FT. PIERCE FL 34951

TITLE D ☐ Change ☒ Addition
NAME PEG HUGHES
STREET ADDRESS 48 CALLE DE LAGOS
CITY-ST-ZIP FT. PIERCE, FL 34951

TITLE D ☐ Delete
NAME BIGGINS, BOB
STREET ADDRESS 6700 LILA CRT.
CITY-ST-ZIP FT PIERCE FL 34951

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

TITLE D ☒ Delete
NAME GROVES, JOY
STREET ADDRESS 1951 S GARDEN GROVE CIR.
CITY-ST-ZIP VERO BCH FL 32962

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

TITLE D ☐ Delete
NAME KNOUSE, MEL
STREET ADDRESS 1 TOSCA
CITY-ST-ZIP FT PIERCE FL 34951

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: *Robert Fitchett* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90030 047 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

1-10-01