

2002 UNIFORM BUSINESS REPORT (UBR)

1/16

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-16-2002 90059 039 ****61.25

DOCUMENT # 703101

1. Entity Name

LAKEWOOD PARK UNITED METHODIST CHURCH INC.

Principal Place of Business

Mailing Address

5405 TURNPIKE FEEDER RD
FT PIERCE FL 34951

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. FEI Number

59-2456953

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~RIGGINS, BOB~~
~~8700 LILA COURT~~
~~FORT PIERCE FL 34951~~

Kolendo, Steve
8706 Citrus Park Blvd.
Ft. 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

Stephen Kolendo
Signature, typed or printed name of registered agent and title if applicable.

Stephen

~~STEVE~~ Kolendo

February 13, 2002

(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 NAME STREET ADDRESS CITY-ST-ZIP	D PARSONS, BETTY 6902 BAYARD ROAD FORT PIERCE FL 34951	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANNA, JEFFREY 6702 PENNY LANE FT. PIERCE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRZECH, ROBERT 7805 WINTER GARDEN PKWY FT. PIERCE FL 34951	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIGGINS, BOB 6700 LILA CRT. FT PIERCE FL 34951	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGHES, PEG 48 CALLE DE LAGOS FORT PIERCE FL 34951	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNOUSE, MEL 1 TOSCA FT PIERCE FL 34951	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Grimes, Marjorie 6701 North Blvd. Ft. Pierce, FL 34951	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Everett, Janice 6502 Bayard Road Ft. Pierce, FL 34951	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Garman, Kevin 8004 Ft. Walton Ave. Ft. Pierce, FL 34951	<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		<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:

Peg Hughes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-02 561 465-1187

CR2E037 (9/01)