

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

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90163 008 \*\*\*\*61.25

**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

☐ CHECK HERE IF MAKING CHANGES

4. FEI 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

**KOLENDO, STEV  
8706 CITRUS PARK BLVD  
FORT PIERCE FL 34951**

7. Name and Address of New Registered Agent

Name

**Marjorie G. Grimes**

Street Address (P.O. Box Number is Not Acceptable)

**6701 North Blvd.**

City

**Ft. Pierce**

**FL**

Zip Code  
**34951**

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

*Marjorie G. Grimes*

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

(NOTE: Registered Agent signature required when reinstating)

**2.18.03**

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	V	<input checked="" type="checkbox"/> Delete
NAME	GRIMES, MARJORIE	
STREET ADDRESS	6701 NORTH BLVD	
CITY-ST-ZIP	FORT PIERCE FL 34951	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HANNA, JEFFREY	
STREET ADDRESS	6702 PENNY LANE	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRZECH, ROBERT	
STREET ADDRESS	7605 WINTER GARDEN PKWY	
CITY-ST-ZIP	FT. PIERCE FL 34951	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EVERETT, JANICE	
STREET ADDRESS	6502 BAYARD RD	
CITY-ST-ZIP	FT PIERCE FL 34951	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUGHES, PEG	
STREET ADDRESS	48 CALLE DE LAGOS	
CITY-ST-ZIP	FORT PIERCE FL 34951	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARMAN, KEVIN	
STREET ADDRESS	8004 FT. WALTON AVE	
CITY-ST-ZIP	FT PIERCE FL 34951	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Foust, Justin	
STREET ADDRESS	169 River Palm Dr.	
CITY-ST-ZIP	Ft. Pierce, FL 34946	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harry Snodgrass	
STREET ADDRESS	6501 Salerno Rd.	
CITY-ST-ZIP	Ft. Pierce, FL 34951	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Liddell	
STREET ADDRESS	7802 San Carlos Dr.	
CITY-ST-ZIP	Ft. Pierce, FL 34951	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Evalyn Hauserman	
STREET ADDRESS	20 Rio De Palms	
CITY-ST-ZIP	Ft. Pierce, FL 34951	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Walker	
STREET ADDRESS	7103 Pacific	
CITY-ST-ZIP	Ft. Pierce, FL 34951	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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:

*Marjorie G. Grimes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

**2.18.03**

**772-595-9669**