

DOCUMENT # 703285

1. Entity Name

CASON UNITED METHODIST CHURCH, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

03-21-2000 90053 013 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
342 NORTH SWINTON AVE. DELRAY BEACH FL 33444		342 NORTH SWINTON AVE. DELRAY BEACH FL 33444-2726	
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	59-6031865	Applied For
		Not Applicable

5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WRIGHT, MORGAN J 9371 LONGMEADOW CIRCLE BOYNTON BEACH FL 33436		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	VD ☐ Delete	TITLE	VICE-PRESIDENT - D ☒ Change ☐ Addition
NAME	MORRISON, JOHN	NAME	ROBERT COKER
STREET ADDRESS	214 BEVERLY DRIVE	STREET ADDRESS	113 S. K STREET
CITY-ST-ZIP	DELRAY BEACH FL 33444	CITY-ST-ZIP	LAKE WORTH - FL 33461
TITLE	TD ☐ Delete	TITLE	TREASURER - D ☒ Change ☐ Addition
NAME	BRENNER, DEBRA	NAME	RICH STEWART
STREET ADDRESS	2522 AVENUE AV SOLEIL	STREET ADDRESS	4 ASPEN CT -
CITY-ST-ZIP	GULFSTREAM FL 33483	CITY-ST-ZIP	BOYNTON BEACH - FL 33436
TITLE	PT ☐ Delete	TITLE	PRESIDENT - T ☒ Change ☐ Addition
NAME	JUNGHANS, DAVID	NAME	MIKE ROSS
STREET ADDRESS	3127 LAKEVIEW BLVD	STREET ADDRESS	5293 GARFIELD ROAD
CITY-ST-ZIP	DELRAY BEACH FL 33445	CITY-ST-ZIP	DELRAY BEACH - FL 33484
TITLE	SD ☐ Delete	TITLE	SECRETARY - D ☒ Change ☐ Addition
NAME	STRAUGHAN, JAY	NAME	JEFF SMITH
STREET ADDRESS	129 BUTTWOOD CIRCLE	STREET ADDRESS	2525 SW 14 ST
CITY-ST-ZIP	BOYNTON BEACH FL 33436	CITY-ST-ZIP	BOYNTON BEACH - FL 33426
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

Morgan Wright
SIGNATURE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-2000

1-561-276-5302

Date

Daytime Phone #

CR2E037 (9/99)