2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State
03-13-2002 90014 037 ****61.25

DOCUMENT # 703285

1. Entity Name

MASON UNITED METHODIST CHURCH, INC.

Principal Place of Business	Mailing Address
342 NORTH SWINTON AVE. DELRAY BEACH FL 33444	342 NORTH SWINTON AVE. DELRAY BEACH FL 33444

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WRIGHT, MORGAN J 8021 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 J. Morgan J. Wright 2.28.2002
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SMITH, JEFF 2525 SW 14 ST BOYNTON BEACH FL 33426	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT VD SMITH, JEFF 342 N. SWINTON AVE DELRAY BEACH. FL 33444	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MCDONOUGH, WILLIAM 345 SE 7TH AVENUE DELRAY BEACH FL 33483-5240	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER TD MCDONOUGH, WILLIAM 342 N. SWINTON AVE DELRAY BEACH. FL 33444	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT ROSS, MIKE 5293 GARFIELD ROAD DELRAY BEACH FL 33484	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT PT ROSS, MIKE 342 N. SWINTON AVE DELRAY BEACH. FL 33444	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD STANLEY, KATHI 1710 NW 18 AVENUE # 103 DELRAY BEACH FL 33445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY SD STANLEY, KATHI 342 N. SWINTON AVE DELRAY BEACH. FL 33444	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: J. Morgan J. Wright J. MORGAN WRIGHT 2.28.2002 1-561-276-5302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #