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

DOCUMENT # 703285

1. Entity Name

SIGNATURE:

CASON UNITED METHODIST CHURCH, INC.



3/12

FILED Mar 24, 2003 8:00 am Secretary of State

03-12-2003 90139 015 ****61.25

	······										
Principal Place 342 NORTH 9	ce of Business WINTON AVE.	Mailing Address 342 NORTH SWINTON AVE.									
DELRAY BEACH FL 33444		DELRAY BEACH FL 33444									
<u> </u>		La Marie Adam	·								
2. Principal I	Place of Business	3. Mailing Address					11 66 1161 0 11 00 1 1 0 141	0111 01 0 \$1 010	it digil bidil t		
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State			4: FEI Number 5			Applied For			
Zip Country		Zip	ntry		5. Certificate of Status Desired			\$8.75 Additional Fee Required			
	6. Name and Address of Current	Registered Agent	L			7. Name and Add		gistered A	gent		
"WDICHT	MORGAN J	· -	Name			ر از این استان ۱۰۰ (۱۸ همیان باید. فیکنده استان بیان بین بینجیشی این این این استان باید استان باید این این این این از این این این این ۱۸ میلاد این					
	NGMEADOW CIRCLE		Street Address			(P.O. Box Number is Not Acceptable)					
BOYNTO	N BEACH FL 33436	,	,			€ 1 <u>9</u>					
			İ	City			ं र छ स	FL	Zip Co	de	7
	named entity submits this statement to	r the purpose of changing its	registere	d office or regi	istere	ed agent, or both, in	the State of Fior	da. I am f	amiliar with	, and accept	7
the obliga	tions of registered agent.	مرز مامس					_				1
SIGNATURE		moright	_					7.20	03		1
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered	Agent signature rec	quired v	when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE			_
FILE NOW: FEE IS \$61.25				aign Financing		\$5.00 May Be Make Check			Payable to		
•	FILE NOW. FEE 13 \$01.23	Trust Fund C	ontributio	n. 🗆		Added to Fees	Florida	Depart	ment of	State	
10.	OFFICERS AND DIF	RECTORS	11.		A	DDITIONS/CHANG	ES TO OFFICER	S AND DIR	ECTORS I	N 10	┧_
TITLE	VD	☐ Delete	TITLE				4		Change	☐ Addition	CR2E037 (10/02)
NAME STREET ADDRESS	SMITH, JEFF 675 N. SWINTON AVE	NAM Stri		T ADDRESS							7 (10
CITY-ST-ZIP	DELRAY BEACH FL 33444			CITY-ST-ZIP							, EGG
TITLE	TD	☐ Delete	TITLE	TITLE NAME					☐ Change	☐ Addition	S.
NAME STREET ADDRESS	MCDONOUGH, WILLIAM 342 N SWINTON AVE.			STREET ADORESS							
CITY-ST-ZIP -	DELRAY BEACH FL 33444"			TCITY-ST-ZIP***			سهوچه پشرید	1			
TITLE	PT ROSS, MIKE	Delete	TITLE			SIDENT - T	T AND SA		Change	Addition	
NAME STREET ADDRESS	342 N. SWINTON AVE			STREET ADDRESS		TEVE ALL 342 N.S	WINTON	9vć			
CITY-ST-ZIP	DELRAY BEACH FL 33444	CIT		ST-ZIP		JOSICA	y BEACS	1-FI			1
TITLE NAME	SD Stanley, Kathi	☐ Delete	TITLE	2)4C	RETARY - SUSAN TU 342 N.S	eciuo	•	Change	Addition	
STREET ADDRESS	342 N. SWINTON AVE.			T ADORESS		342 N.S	WINTON	AVÍ.			
CITY-ST-ZIP	DELRAY BEACH FL 33444		CITY-S		-	DELRI	44 BEAC	71-FL	<u> 3344</u>	14	┧
TITLE NAME	,	Delete .	TITLE				1		☐ Change	Addition	-
STREET AODRESS			_	ADDRESS		•					1
CITY-ST-ZIP			CITY-S	ST-ZIP							4
TITLE NAME		Detete	TITLE NAME	1					Change	Addition	
STREET ADDRESS				ADDRESS			, ,				
CITY-ST-ZIP			CITY-S	T-ZIP				<u>.</u>			
indicated of the con	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, w	true and accurate and that m wered to execute this report a	y signatu 15 require	re shall have t	he sa	me legal effect as if	made under car	th: that I an	n an officer	or director	