

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90015 043 \*\*\*\*61.25

**DOCUMENT # 704404**

1. Entity Name

**ST. JOHN'S UNITED METHODIST CHURCH OF WINTER HAV**

Principal Place of Business

Mailing Address

1800 CYPRESS GARDENS BLVD.  
 WINTER HAVEN FL 33884

1800 CYPRESS GARDENS BLVD.  
 WINTER HAVEN FL 33884-1958

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

**59-1036243**

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

**BEALL, LINDAY**  
**9705 LAKE BESS RD #535**  
**WINTER HAVEN FL 33884**

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

*Lindy N Beall*

(NOTE: Registered Agent signature required when reinstating)

DATE

*1-21-00*

**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

T  Delete  
 NAME **PEISHER, JAY**  
 STREET ADDRESS **812 W. MAIN ST.**  
 CITY-ST-ZIP **LAKE HAMILTON FL 33851-0735**

T  Change  Delete  
 NAME **SIPPEL, ANN SEC.**  
 STREET ADDRESS **430 SWANEE RD**  
 CITY-ST-ZIP **WINTER HAVEN, FL 33884-1416**

T  Delete  
 NAME **BOWMAN, KIM**  
 STREET ADDRESS **1027 MOCHINGBIRD CIR**  
 CITY-ST-ZIP **WINTER HAVEN FL 33884-2580**

T  Change  Delete  
 NAME **FOUNTAIN, VIRGINIA**  
 STREET ADDRESS **213 W LAKE SUMMIT DR**  
 CITY-ST-ZIP **WINTER HAVEN, FL 33884-1528**

T  Delete  
 NAME **GILDER, PAT**  
 STREET ADDRESS **902 HERON CIR**  
 CITY-ST-ZIP **WINTER HAVEN FL 33884-2510**

T  Change  Delete  
 NAME **HAMMER, WRAY A.**  
 STREET ADDRESS **1220 W LAKE HAMILTON DR**  
 CITY-ST-ZIP **WINTER HAVEN, FL 33881-9219**

T  Delete  
 NAME **TUCKER, TERRY**  
 STREET ADDRESS **4310 SHADOW WOOD TERR**  
 CITY-ST-ZIP **WINTER HAVEN FL 33880**

T  Change  Delete  
 NAME **GARRIS, NOAH**  
 STREET ADDRESS **94 PARSON DR.**  
 CITY-ST-ZIP **WINTER HAVEN, FL 33884-3082**

T  Delete  
 NAME **BEALL, LINDY N. CHAIR**  
 STREET ADDRESS **9705 LAKE BESS RD #535**  
 CITY-ST-ZIP **WINTER HAVEN, FL 33884-3228**

T  Change  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

T  Delete  
 NAME **GRAVES, MARVIN VICE-CHAIR**  
 STREET ADDRESS **2221 CYPRESS GARDENS BLVD.**  
 CITY-ST-ZIP **WINTER HAVEN, FL 33884-1560**

T  Change  Delete  
 NAME  
 STREET ADDRESS  
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Lindy N Beall*

*1-31-00 863-324-6*