## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address

SIGNATURE

## Apr 16, 2001 8:00 am Secretary of State **DOCUMENT # 704404** 1. Entity Name ST. JOHN'S UNITED METHODIST CHURCH OF WINTER HAV 04-16-2001 90251 021 \*\*\*\*61 Principal Place of Business Mailing Address 1800 CYPRESS GARDENS BLVD. 1800 CYPRESS GARDENS BLVD. WINTER HAVEN FL 33884 WINTER HAVEN FL 33884 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1036243 Not Applicable Zip Country Zip Country **\$8.75** Additional П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent \_\_\_ 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) **BEALL, LINDAY** 9705 LAKE BESS RD #535 WINTER HAVEN FL 33884 Zip Code City 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. Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change **X** Addition TITLE ☐ Delete TIT! F Marvin Graves PEISHER, JAY NAME NAME 2221 Cypress Gardens Blud STREET ADDRESS STREET ADDRESS 812 W. MAIN ST. Winter Haven. FL 33881 CITY-ST-ZIP CITY-ST-7IP LAKE HAMILTON FL 33851-0735 Change Addition TITLE ☐ Delete TITLE Sharon Koch 1635 Eloise Loop Rd BOWMAN, KIM NAME STREET ADDRESS STREET ADDRESS 1027 MOCHINGBIRD CIR WinterHaven fz 33884 CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33884-2580 Addition ☐ Change Delete TITLE Wray Hammer 1220 W.Lake Hamilton Dr. TUCKER, TERRY NAME NAME STREET ADDRESS STREET ADDRESS 4310 SHADOW WOOD TERR Winter Haven, FL 33881 CITY-ST-ZIP CITY-ST-7IP WINTER HAVEN FL 33880 Change Addition ☐ Delete TITLE usan Umstead NAME 445 Liberty Lane STREET ADDRESS STREET ADDRESS Winter Haven, FL 3388 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition Alan Hines NAME 151 Homewood Ct. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WinterHaven, FL 33880 Addition TITLE ☐ Delete TITLE 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