

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 29, 2002 8:00 am
Secretary of State

07-29-2002 90001 005 ****61.25

DOCUMENT # 704404

1. Entity Name

ST. JOHN'S UNITED METHODIST CHURCH OF WINTER HAVEN, INC.

Principal Place of Business

Mailing Address

1800 CYPRESS GARDENS BLVD.
 WINTER HAVEN FL 33884

1800 CYPRESS GARDENS BLVD.
 WINTER HAVEN FL 33884

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Linday M Beall* Trustee Chair 7/11/02

**After September 13, 2002,
 min. will be \$236.25.**

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	T	☐ Delete
NAME	PEISHER, JAY	
STREET ADDRESS	812 W. MAIN ST.	
CITY-ST-ZIP	LAKE HAMILTON FL 33851-0735	
TITLE	T	☒ Delete
NAME	BOWMAN, KIM	
STREET ADDRESS	1027 MOCHINGBIRD CIR	
CITY-ST-ZIP	WINTER HAVEN FL 33884-2580	
TITLE	T	☒ Delete
NAME	TUCKER, TERRY	
STREET ADDRESS	4310 SHADOW WOOD TERR	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	V	☐ Delete
NAME	GRAVES, MARVIN	
STREET ADDRESS	2221 CYPRESS GARDENS BLVD.	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	S	☐ Delete
NAME	KOCH, SHARON	
STREET ADDRESS	6525 ELOISE LOOP RD	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	D	☒ Delete
NAME	HAMMER, WRAY	
STREET ADDRESS	1220 W LAKE HAMILTON DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	

TITLE	T	☐ Change ☒ Addition
NAME	James Jippel	
STREET ADDRESS	430 Surlance Rd	
CITY-ST-ZIP	Winter Haven FL 33884-1416	
TITLE	T	☐ Change ☐ Addition
NAME	Susan Umstead	
STREET ADDRESS	465 Liberty Ln	
CITY-ST-ZIP	Winter Haven FL 33884-1039	
TITLE	T	☐ Change ☐ Addition
NAME	Jack Maxwell	
STREET ADDRESS	1545 Lake Ship	
CITY-ST-ZIP	Winter Haven FL 33880	
TITLE	T	☐ Change ☐ Addition
NAME	Angela Burton	
STREET ADDRESS	4909 Willowbrook Cir S.E.	
CITY-ST-ZIP	Winter Haven FL 33884-2935	
TITLE	T	☐ Change ☐ Addition
NAME	Alan Hines	
STREET ADDRESS	157 Homewood Ct	
CITY-ST-ZIP	Winter Haven FL 33880-1505	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (4/02)

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: *Linday M Beall* Trustee Chair 7/11/02 818-324-245