

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707974

1. Entity Name

INDIAN LAKE METHODIST CHURCH, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90202 009 ****61.25

Principal Place of Business

Mailing Address

600 DELAND AVENUE
P O BOX 7035
INDIAN LAKE ESTATES FL 33855

600 DELAND AVENUE
P O BOX 7035
INDIAN LAKE ESTATES FL 33855-7035

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1060857

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

WOLF, JAMES P.
19 N. LANTANA DRIVE
INDIAN LAKE ESTATES FL 33855

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

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
CD
WOLF, JAMES
19 N LANTANA DR, PO BOX 7238
INDIAN LAKE ESTATES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PLANTE, STEDMAN
406 PARK AVE, P.O.BOX 7222
INDIAN LAKE EST FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ENGLAND, RUTH
P.O. BOX 7425, 26 LANTANA DR
INDIAN LAKES ESTATES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CARTER, MABLE
P.O. BOX 7748, 12 PLAMETTO DR
INDIAN LAKE ESTATES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MOORE, JAMES
708 ALBA DR, P.O. BOX 7796
INDIAN LAKE ESTATES FL ☐ 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

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: *James P. Wolf*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James P. Wolf

28 Feb. 2000

863-692-1244

Date

Daytime Phone #

CR2E037 (9/99)