

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90161 027 ****70.00

0027055

DOCUMENT # 708476

1. Entity Name

LOCKHART METHODIST CHURCH, INC.

Principal Place of Business

**7400 MOTT AVE
 PO BOX 607186
 ORLANDO FL 32860-7186**

Mailing Address

**7301 EDGEWATER DRIVE
 ORLANDO FL 32810
 US**

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

59-1439349

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

**SLECHTA, LOYAL
 5324 WINDRIDGE LANE WINDRIDGE
 ORLANDO FL 32810**

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 ☐ Delete
 NAME **MASSEY, NORA**
 STREET ADDRESS **1326 LAKE ASHER CIRCLE**
 CITY-ST-ZIP **APOPKA FL 32703**

TITLE ☐ Change ☒ Addition
 NAME **Finance Chairperson**
 STREET ADDRESS **Howard Wolking**
 CITY-ST-ZIP **6436 Ridge Terrace**
Orlando, FL. 32810 ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME **P WILLIAM, TALBOTT J**
 STREET ADDRESS **5416 WISTER LANE**
 CITY-ST-ZIP **ORLANDO FL 32810**

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

TITLE ☐ Delete
 NAME **S SANFORD, EILEEN**
 STREET ADDRESS **380 WINCHESTER PLACE**
 CITY-ST-ZIP **LONGWOOD FL 32779**

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

TITLE ☐ Delete
 NAME **T SANFORD, DAN**
 STREET ADDRESS **380 WINCHESTER PLACE**
 CITY-ST-ZIP **LONGWOOD FL 32779**

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

TITLE ☐ Delete
 NAME **LL WOLKING, ELLEN**
 STREET ADDRESS **6436 RIDGE TERRACE**
 CITY-ST-ZIP **ORLANDO FL 32810**

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

TITLE ☐ Delete
 NAME **T PARKER, PETE**
 STREET ADDRESS **3911 CASTELL DR**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Change ☐ Addition
 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-16-2001 407-293-1084

CR2E037 (10/00)