

2002 UNIFORM BUSINESS REPORT (UBR)

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

7400 Mott Avenue

3. Mailing Address

Suite, Apt. #, etc.

City & State

Orlando, FL 32810-7186

City & State

Zip

Country

Zip

Country

32810

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

SLECHTA, LOYAL
5324 WINDRIDGE LANE
ORLANDO FL 32810

7. Name and Address of New Registered Agent

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

4530 N. Hiwassee Road

City

Orlando

FL

Zip Code

32818-1716

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
MASSEY, NORA
1328 LAKE ASHER CIRCLE
APOPKA FL 32703

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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 Required

NORA C. MASSEY

4/16/02

407/293-1084

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91472 049 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)