2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709029

1. Entity Name

FRIENDSHIP UNITED METHODIST CHURCH, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State
04-21-2000 90132 036 ****61.25

Principal Place of Business	Mailing Address
12275 PARAMOUNT DR. PUNTA GORDA FL 33955	PO BOX 511317 PUNTA GORDA FL 33951-1317 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1863262 — 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
REV RONALD DE GENARO JR. 439 SCARLET SAGE PUNTA GORDA FL 33955	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 RONALD DeGENARO, JR. - MINISTER - SAME REGISTERED AGENT RETAINED 4/15/00

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	D ☐ Delete	TITLE	DS ☐ Change ☒ Addition
NAME	FACKLER, GLENN	NAME	LEAVITT, MARGUERITE
STREET ADDRESS	25460 AVILLAS CT	STREET ADDRESS	10303 BURNT STORE Rd. #26
CITY-ST-ZIP	PUNTA GORDA FL 33955	CITY-ST-ZIP	PUNTAGORDA, FL 33950
TITLE	DC ☒ Delete	TITLE	DC ☐ Change ☒ Addition
NAME	HILLENBERG, MARY LOU	NAME	FLANDORFER, RAYMOND
STREET ADDRESS	3415 ALLAPATCHEE DRIVE	STREET ADDRESS	18961 N. TAMIAMI TR. #297
CITY-ST-ZIP	PUNTA GORDA FL 33950	CITY-ST-ZIP	NORTH FORT MYERS, FL 33905
TITLE	D ☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME	SEIBERT, DORIS	NAME	GENTRY, PAUL
STREET ADDRESS	23350 CORRINE AVENUE	STREET ADDRESS	29200 JONES LOOP Rd.
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	DT ☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME	GLICK, HANK	NAME	STOLL, MICHAEL
STREET ADDRESS	24300 AIRPORT RD. #101	STREET ADDRESS	10303 BURNT STORE Rd. #24
CITY-ST-ZIP	PUNTA GORDA FL	CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	D ☒ Delete	TITLE	D ☐ Change ☒ Addition
NAME	HARMON, CARL	NAME	NORMA HARMON
STREET ADDRESS	3101 PALM DR	STREET ADDRESS	2610 CAMELLIA TER.
CITY-ST-ZIP	PUNTA GORDA FL	CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	VREELAND, BLANCHE	NAME	
STREET ADDRESS	1105 LUCIA DR	STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	CITY-ST-ZIP	

CR2E037 (9/99)

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: H. P. GLICK, JR - TREASURER D HP Glick, Jr 4/15/00 (941) 575-2405

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #