

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709029

1. Entity Name

FRIENDSHIP UNITED METHODIST CHURCH, INC.

Principal Place of Business

12275 PARAMOUNT DR.
PUNTA GORDA FL 33955

Mailing Address

PO BOX 511317
PUNTA GORDA FL 33951
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

59-1863262

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REV RONALD DE GENARO JR.
439 SCARLET SAGE
PUNTA GORDA FL 33955

7. Name and Address of New Registered Agent

Name

REV. DONALD B. CORBIT

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

439 SCARLET SAGE

City

PUNTA GORDA, FL

Zip Code

33955

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

Donald B. Corbit

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/18/01

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	D	☐ Delete
NAME	FACKLER, GLENN	
STREET ADDRESS	25460 AVILLAS CT	
CITY-ST-ZIP	PUNTA GORDA FL 33955	
TITLE	DC	☐ Delete
NAME	FLANDORFER, RAYMOND	
STREET ADDRESS	18961 N TAMIAMI TR #299	
CITY-ST-ZIP	N FORT MYERS FL 33905	
TITLE	D	☐ Delete
NAME	SEIBERT, DORIS	
STREET ADDRESS	23350 CORRINE AVENUE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	
TITLE	DT	☐ Delete
NAME	GLICK, HANK	
STREET ADDRESS	24300 AIRPORT RD. #101	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	D	☐ Delete
NAME	GENTRY, PAUL	
STREET ADDRESS	29200 JONES LOOP RD	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	D	☐ Delete
NAME	STOLL, MICHAEL	
STREET ADDRESS	10303 BURNT STORE RD #24	
CITY-ST-ZIP	PUNTA GORDA FL 33950	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

H. P. Glick, Jr. HANK GLICK TREAS. 4/19/01 941-637-1717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90235 010 *****61.25



DO NOT WRITE IN THIS SPACE

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