

2002 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

CORBITT, DONALD B REV
439 SCARLET SAGE
PUNTA GORDA FL 33955

7. Name and Address of New Registered Agent

Name MANGUEIRA, BENTON PASTOR

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

Benton M. Mangueira

4-17-02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECK, WILLIAM 15362 MAPLE TREE PUNTA GORDA FL 33955	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, BEN 6400 TAYLOR RD. #29 PUNTA GORDA FL 33950	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ETHRIDGE, GAIL 27380 SENATOR JR PUNTA GORDA FL 33955	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC KUMN, DAVID 6400 TAYLOR RD. #215 PUNTA GORDA FL 33950	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINSMAN, ANN 3250 SULSTONE DR PUNTA GORDA FL 33983	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARMON, NORMA 2610 CAMELLIA TER. PUNTA GORDA FL 33950	☐ 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:

H.P. Glick, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H.P. GLICK, JR

Date

Daytime Phone #

Home-941-575-2405
Work-941-634-0663

0084319

CR2E037 (9/01)

DO NOT WRITE IN THIS SPACE

