2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State
04-09-2003 90163 011 ****61.25

DOCUMENT # 709029

1. Entity Name
FRIENDSHIP UNITED METHODIST CHURCH, INC.

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

☐ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
MANGUEIRA, BENTON 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Benton M. Mangueira Benton M. Mangueira 4/6/03
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 Florida Department of State

10. OFFICERS AND DIRECTORS			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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUZZELL, BOB 10303 BURNT STORE RD #43 PUNTA GORDA, FL. 33950	☐ Change ☒ Addition 2002
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TURNER, BEN 6400 TAYLOR RD #29 PUNTA GORDA FL 33950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEVERLIN, DORIS 23350 CORRINE AVE PORT CHARLOTTE FL. 33982	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ETHERIDGE, GAIL 27380 SENATOR DRIVE PUNTA GORDA FL 33955	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC KUHN, DAVID 6400 TAYLOR RD #215 PUNTA GORDA FL 33950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KINSMAN, ANN 3250 SULTONE DRIVE PUNTA GORDA FL 33983	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARMON, NORMA 2610 CAMELLIA TERRACE PUNTA GORDA FL 33950	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: David A. Kuhn SIGNATURE REQUIRED DAVID A. KUHN 4/6/03 941-637-1717