

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90012 048 \*\*\*\*61.25

**DOCUMENT # 709728**

1. Entity Name

**PARKWAY UNITED METHODIST CHURCH, INC.**

Principal Place of Business

Mailing Address

100 N.E. 44TH ST.  
 POMPAÑO BEACH FL 33064

100 N.E. 44TH ST.  
 POMPAÑO BEACH FL 33064

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

**59-1312888**

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

**PITMAN, MARY C**  
**4020 NW 3RD WAY**  
**POMPAÑO BEACH FL 33064**

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

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 PD  
 NAME HANNECART, ETHLYN  
 STREET ADDRESS 651 SW 15TH ST  
 CITY-ST-ZIP DEERFIELD BEACH FL 33441 ☐ Delete

TITLE  
 NAME Hannecart, Ethlyn ☒ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  
 NAME GILLINGHAM, RUTH  
 STREET ADDRESS 1640 NW 49TH CT  
 CITY-ST-ZIP POMPAÑO BEACH FL 33064 ☒ Delete

TITLE  
 NAME Pittman, Mary  
 STREET ADDRESS 4020 NW 3rd Way  
 CITY-ST-ZIP Pompano Bch, FL 33064 ☒ Change ☒ Addition

TITLE D  
 NAME SCHILKE, DOT  
 STREET ADDRESS 4280 NE 18TH AVE  
 CITY-ST-ZIP POMPAÑO BEACH FL 33064 ☒ Delete

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

TITLE T  
 NAME RAMOS, NAOMI  
 STREET ADDRESS 3 NE 45TH COURT  
 CITY-ST-ZIP POMPAÑO BEACH FL 33064 ☐ Delete

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

TITLE S  
 NAME HENNECART, DEBRA  
 STREET ADDRESS 651 SW 15TH STREET  
 CITY-ST-ZIP DEERFIELD BEACH FL 33441 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ 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: *x Mary C. Pittman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**954-942-1572**

CR2E037 (9/01)