2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # 709985 Apr 22, 2000 8:00 am Secretary of State 1. Entity Name THE UNITED METHODIST CHURCH DISTRICT BOARD OF MI 04-22-2000 90106 039 ****61.25 Principal Place of Business Mailing Address 1140 E. MCDONALD ST. PO BOX 2625 LAKELAND FL 33801 LAKELAND FL 33806-2625 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0975855 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name Street Address (P.O. Box Number is Not Acceptable) MARTIN, ALDO O 1140 E MCDONALD STREET LAKELAND FL 33801 City 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. FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11, TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME RAMIREZ, NORA STREET ADDRESS STREET ADDRESS 719 N. MASS AVE. CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33801 PD ☐ Change ☐ Addition TITLE ☐ Delete TITLE GILL, WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS 2255 W HELEN CIRCLE CITY-ST-7IP CITY-ST-ZIP **BARTOW FL** TITLE X Delete X Change ☐ Addition D TITLE NAME PERIMAN, BARBARA NAME Ramon Cernuda STREET ADDRESS STREET ADDRESS 675 S WILSON AVENUE 503 Duches Dr CITY-ST-7IP CITY-ST-7IP BARTOW FL Lakeland FL 33803 Delete TITLE Change Change Addition NAME KRAUSE, PATRICIA A. NAME STREET ADDRESS 1735 QUAIL RUN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Lakeland fl ☐ Delete ☐ Change ☐ Addition SIEGEL, ROBERT NAME STREET ADDRESS STREET ADDRESS 8805 TOM COSTINE RD CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33809 ☐ Delete TITLE □ Change ☐ Addition STEED, PATRICE NAME STREET ADDRESS 2248 CRYSTAL GROVE LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33801 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 118. 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