

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

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90284 034 ****61.25

DOCUMENT # 710792

1. Entity Name
COLLEGE PARK UNITED METHODIST CHURCH, INC.



Principal Place of Business
**644 WEST PRINCETON AVENUE
ORLANDO FL 32804**

Mailing Address
**644 WEST PRINCETON AVENUE
ORLANDO FL 32804**

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 **59-0725535**

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

**BUSS, DELORES
910 GOLFVIEW STREET
ORLANDO FL 32804**

Name **John Prusaczyk**

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

35 W. Rosevear St

City **Orlando,**

FL

Zip Code
32804

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

John Prusaczyk

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

(NOTE: Registered Agent signature required when reinstating)

1-30-03

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 **SD** ☒ Delete
NAME **OWEN, STEWART**
STREET ADDRESS **1755 HURON TRAIL**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **SD** ☒ Change ☐ Addition
NAME **Sherri Harmon**
STREET ADDRESS **1610 Saint Lawrence St**
CITY-ST-ZIP **Orlando, FL 32818-5714**

TITLE **VPD** ☐ Delete
NAME **LEWIS, DENNIS**
STREET ADDRESS **728 BALTIMORE DRIVE**
CITY-ST-ZIP **ORLANDO FL 32810**

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

TITLE **TD** ☒ Delete
NAME **JONES, MARIE**
STREET ADDRESS **520 BAKER STREET**
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **TD** ☒ Change ☐ Addition
NAME **Wendel Murray**
STREET ADDRESS **1224 Guernsey St.**
CITY-ST-ZIP **Orlando, FL 32804**

TITLE **PD** ☒ Delete
NAME **BUSS, DELORES**
STREET ADDRESS **910 GOLFVIEW STREET**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **PD** ☒ Change ☐ Addition
NAME **John Prusaczyk**
STREET ADDRESS **35 W. Rosevear St.**
CITY-ST-ZIP **Orlando, FL 32804**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

John Prusaczyk **REQUIRED**

1-30-03

CR2E037 (10/02)