

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

4/7

04-07-2003 90215 042 ****61.25

DOCUMENT # 711227					
1. Entity Name THE FLORIDA UNITED METHODIST FOUNDATION, INC.					
Principal Place of Business 1140 E. McDONALD STREET LAKELAND FL 33801			Mailing Address PO BOX 3767 LAKELAND FL 33802 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 59-1148710	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MANSTON, THOMAS W 1140 E. McDONALD STREET LAKELAND FL 33801			7. Name and Address of New Registered Agent 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 _____ 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	SD BATMAN, DAVID P.O. BOX 122039 CLERMONT FL 34712-0039	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARSTON, THOMAS W 119 CHRISTINA BLVD LAKELAND FL 33813	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HICKS, PAMELA W 4958 FOX RUN LANE LAKELAND FL 33813	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP DOYLE, PERRY T 4240 MARIANA COURT CORTEZ FL 34215	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP Doyle, Perry T. 4240 Mariana Court Cortez FL 34215 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC INMAN, JACK C 520 VIRGINIA DR WINTER PARK FL 32789	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC INMAN, JACK C 520 VIRGINIA DRIVE WINTER PARK FL 32789 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ZVC POOL, LYNN 2247-B COACH HOUSE BLVD ORLANDO FL 33812	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY - D POOL, LYNN 2247-B Coach House Blvd Orlando FL 33812 ☒ 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: <i>Pamela W. Hicks</i> 3/28/03 800-252-8011 EXT 122 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E037 (10/02)