

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

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90121 001 ****61.25

DOCUMENT # 711720

1. Entity Name

**COMMUNITY UNITED METHODIST CHURCH OF HOLIDAY, IN
C.**



Principal Place of Business

**3214 U.S. HIGHWAY 19
HOLIDAY FL 34691**

Mailing Address

**3214 U.S. HIGHWAY 19
HOLIDAY FL 34691**

2. Principal Place of Business
Community UMC

3. Mailing Address
3214 U.S. Highway 19

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Holiday, FL

City & State
same

4. FEI Number **59-1205636**

Applied For

Not Applicable

Zip
34691

Country
U.S.A.

Zip
same

Country
same

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

**DUNN, JOHN A
16020 CHIEF DRIVE
HUDSON FL 34667**

Name **Merle Beddow**

Street Address (P.O. Box Number is Not Acceptable)
4803 Blossom Drive

City **Holiday,** **FL** Zip Code **34690**

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. **Merle J. Beddow, Chairman Board of Trustees**

SIGNATURE

Merle J. Beddow

1-14-03

(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 **TR** ☐ Delete
NAME **DUNN, JOHN A**
STREET ADDRESS **16020 CHIEF DRIVE**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE **TR** ☐ Change ☒ Addition
NAME **Fran Van Cleve**
STREET ADDRESS **7121 Heath Drive**
CITY-ST-ZIP **Port Richey, FL 34668**

TITLE **CTR** ☐ Delete
NAME **BEDDOW, MERLE**
STREET ADDRESS **4803 BLOSSOM DR**
CITY-ST-ZIP **HOLIDAY FL 34690**

TITLE **TR** ☐ Change ☒ Addition
NAME **Sandy Siebrasse**
STREET ADDRESS **6833 Lingo Court**
CITY-ST-ZIP **New Port Richey, FL 34653**

TITLE **TR** ☐ Delete
NAME **CRACOLICI, TOM**
STREET ADDRESS **4426 TERRY LOOP**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **TR** ☐ Change ☒ Addition
NAME **Debbie Wildermuth**
STREET ADDRESS **4613 Weasel Drive**
CITY-ST-ZIP **New Port Richey, FL 34653**

TITLE **TR** ☐ Delete
NAME **BEDDOW, TOM**
STREET ADDRESS **1025 PERT DR**
CITY-ST-ZIP **HOLIDAY FL 34691**

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

TITLE **TR** ☐ Delete
NAME **HOMO, ROY**
STREET ADDRESS **4115 CLUSTER DRIVE**
CITY-ST-ZIP **HOLIDAY FL 34691**

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

TITLE **TR** ☐ Delete
NAME **ANDERSON, JANICE**
STREET ADDRESS **5113 MILE STRETCH RDD**
CITY-ST-ZIP **HOLIDAY FL 34690**

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. **Merle J. Beddow**

SIGNATURE: *Merle J. Beddow*

1-14-03 727 937 3268

CR2E037 (10/02)