

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90010 025 \*\*\*\*61.25

DOCUMENT # 712351

1. Entity Name

**BOARD OF TRUSTEES OF THE THONOTOSASSA METHODIST**

Principal Place of Business

Mailing Address

11905 FORT KING HWY  
 THONOTOSASSA FL 33592  
 US

P.O. BOX 406  
 THONOTOSASSA FL 33592-0406



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2350799**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ROEBUCK, DENNIS R**  
**10913 MISTLETOE DRIVE**  
**THONOTOSASSA FL 33592**

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

**Dennis R. Roebuck, Pastor**

**04/09/00**

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	TR	<input type="checkbox"/> Delete
NAME	HAMMERBERG, RUTH	
STREET ADDRESS	12812 ED DENISON RD.	
CITY-ST-ZIP	THONOTOSASSA FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	MILLER, GARY	
STREET ADDRESS	12421 PALM TREE DRIVE	
CITY-ST-ZIP	THONOTOSASSA FL 33592	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	GOHN, SHERRY	
STREET ADDRESS	10326 SKEWLEE	
CITY-ST-ZIP	THONOTOSASSA FL	
TITLE	TR	<input type="checkbox"/> Delete
NAME	GOHN, JAMES	
STREET ADDRESS	10326 SKEWLEE ROAD	
CITY-ST-ZIP	THONOTOSASSA FL 33592	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	HAMMERBERG, JOHN	
STREET ADDRESS	12216 KELLY LANE	
CITY-ST-ZIP	THONOTOSASSA FL 33592	
TITLE	TR	<input type="checkbox"/> Delete
NAME	HILL, HAROLD	
STREET ADDRESS	10511 FLORENCE AVE. LOT 395	
CITY-ST-ZIP	THONOTOSASSA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EGLI, Herbert	
STREET ADDRESS	10514 Captain Hook	
CITY-ST-ZIP	Thonotosassa, FL 33592	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, Allen	
STREET ADDRESS	5112 Five Acre Road	
CITY-ST-ZIP	Plant City, FL 33565	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**Gary C. Miller, Chairperson 04/09/00 813-986-5509**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)