

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

0057870

DOCUMENT # 712351

1. Entity Name

BOARD OF TRUSTEES OF THE THONOTOSASSA METHODIST

04-26-2001 90017 019 ****61.25

Principal Place of Business

Mailing Address

11905 FORT KING HWY
 THONOTOSASSA FL 33592
 US

P.O. BOX 406
 THONOTOSASSA FL 33592-0406

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



DO NOT WRITE IN THIS SPACE

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

04/15/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES 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 type="checkbox"/> Delete
NAME	EGLI, HERBERT	
STREET ADDRESS	10514 CAPTAIN HOOK	
CITY-ST-ZIP	THONOTOSASSA FL 33592	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	GOHN, JAMES	
STREET ADDRESS	10326 SKEWLEE ROAD	
CITY-ST-ZIP	THONOTOSASSA FL 33592	
TITLE	TR	<input type="checkbox"/> Delete
NAME	JOHNSON, ALLEN	
STREET ADDRESS	5112 FIVE ACRE ROAD	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE	TR	<input checked="" 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANCOUR, Ed	
STREET ADDRESS	11928 Grovewood Avenue	
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	DAVIDSON, John	
STREET ADDRESS	11128 Serenity Oaks Lane	
CITY-ST-ZIP	Thonotosassa, FL 33592	

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 04/15/01 813-986-5509

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)