

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90177 042 ****61.25

DOCUMENT # 712351

1. Entity Name

BOARD OF TRUSTEES OF THE THONOTOSASSA METHODIST CHURCH INCORPORATED

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

04/03/02

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** Delete
 NAME **HAMMERBERG, RUTH**
 STREET ADDRESS **12812 ED DENISON RD.**
 CITY-ST-ZIP **THONOTOSASSA FL**

TITLE Change Addition
 NAME **Jimmy Harvester**
 STREET ADDRESS **3409 W. Idlewild Ave.**
 CITY-ST-ZIP **Tampa, FL 33614**

TITLE **C** Delete
 NAME **MILLER, GARY**
 STREET ADDRESS **12421 PALM TREE DRIVE**
 CITY-ST-ZIP **THONOTOSASSA FL 33592**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TR** Delete
 NAME **EGLI, HERBERT**
 STREET ADDRESS **10514 CAPTAIN HOOK**
 CITY-ST-ZIP **THONOTOSASSA FL 33592**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **LANCOUR, ED**
 STREET ADDRESS **11928 GROVEWOOD AVE**
 CITY-ST-ZIP **THONOTOSASSA FL 33592**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TR** Delete
 NAME **JOHNSON, ALLEN**
 STREET ADDRESS **5112 FIVE ACRE ROAD**
 CITY-ST-ZIP **PLANT CITY FL 33565**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TR** Delete
 NAME **DAVIDSON, JOHN**
 STREET ADDRESS **11128 SERENITY OAKS LN**
 CITY-ST-ZIP **THONOTOSASSA FL 33592**

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)(l), 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 04/03/02 813-986-5509**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)