

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90148 036 ****70.00

DOCUMENT # 712830

1. Entity Name

THE LITTLE WHITE CHURCH CHRISTIAN METHAPHYSICS, *f*

Principal Place of Business

862 TERRACE AVE
 DAYTONA BEACH FL 32114
 US

Mailing Address

862 TERRACE AVE.
 DAYTONA BEACH FL 32114

2. Principal Place of Business

2486 CANDLEWICK ST.
 Suite, Apt. #, etc.

3. Mailing Address

2486 CANDLEWICK ST.
 Suite, Apt. #, etc.

City & State

DELTONA FL

City & State

DELTONA FL

Zip

32738

Country

FLORIDA

Zip

32738

Country

FLORIDA

4. FEI Number

59-2874659

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HESSelman, MONICA
 862 TERRACE AVE
 C/ O BOB BONNER
 DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name: REV. MONICA HESSELMAN
 Street Address (P.O. Box Number is Not Acceptable): 2486 CANDLEWICK ST.
 City: DELTONA FL Zip Code: 32738

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: REV. MONICA HESSELMAN

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

9/10/00

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	HESSELMAN, REV. MONICA	
STREET ADDRESS	862 TERRACE AVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BONNER, ROBERT	
STREET ADDRESS	862 TERRACE AVE	
CITY-ST-ZIP	DAYTONA BCH FL 32114	
TITLE	PTDS	<input type="checkbox"/> Delete
NAME	POPELKA, CHERYL	
STREET ADDRESS	506 N WEBSTER I	
CITY-ST-ZIP	KOKOMO IN 46901	
TITLE	D	<input type="checkbox"/> Delete
NAME	HESSELMAN, MONICA	
STREET ADDRESS	509 W MONROE ST	
CITY-ST-ZIP	KOKOMO IN 46901	
TITLE	D	<input type="checkbox"/> Delete
NAME	HESSELMAN, MARCIA	
STREET ADDRESS	RR #1 BOX 236A	
CITY-ST-ZIP	RIDGEVILLE IN 47380	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESSELMAN, REV. MONICA	
STREET ADDRESS	2486 CANDLEWICK ST.	
CITY-ST-ZIP	DELTONA, FL 32738	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KERRY E. THOMAS	
STREET ADDRESS	2486 CANDLEWICK ST.	
CITY-ST-ZIP	DELTONA, FL 32738	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESSELMAN, MONICA	
STREET ADDRESS	P.O. BOX 871	
CITY-ST-ZIP	KOKOMO, IN 46903-0871	
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		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/00 (904) 789-5284

Date

Daytime Phone #

CR2E037 (5/00)