

4/2/

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-02-2001 90311 004 *****70.00

DOCUMENT # 713758

1. Entity Name

FIRST UNITED METHODIST CHURCH OF LAKE ALFRED, IN

Principal Place of Business

Mailing Address

220 W HAINES BLVD
 PO BOX 1227
 LAKE ALFRED FL 33850
 US

220 W HAINES BLVD
 PO BOX 1227
 LAKE ALFRED FL 33850
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

71-3758631

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HADDOX, KARYN R
4091 LAKE MARIANNA DRIVE
WINTER HAVEN FL 33881

7. Name and Address of New Registered Agent

Name

Lisa Elsenheimer

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

48 Shady Oak Ave.

City

Lake Wales**FL**

Zip Code

33853-5326

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

*Lisa Elsenheimer***Lisa Elsenheimer, Administrative Assistant****4-10-01**

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

TITLE **PT** ☒ Delete
 NAME **MCCALL, BOB**
 STREET ADDRESS **6403 LOLLY BAY LOOP N.E.**
 CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE **VT** ☐ Delete
 NAME **BURKETT, MATT**
 STREET ADDRESS **665 E THELMA ST**
 CITY-ST-ZIP **LAKE ALFRED FL 33850**

TITLE **ST** ☒ Delete
 NAME **FAULKNER-DAVIS, CAROL**
 STREET ADDRESS **123 VAN FLEET CT**
 CITY-ST-ZIP **AUBURNDAL FL 33823**

TITLE **T** ☐ Delete
 NAME **JOHNSON, BILL**
 STREET ADDRESS **266 FAIRWAY CIRCLE**
 CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VT** ☐ Change ☒ Addition
 NAME **AnnMarie Bachman**
 STREET ADDRESS **280 Park Lane W. Lake Alfred, FL**
 CITY-ST-ZIP **33850**

TITLE **PT** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** ☐ Change ☒ Addition
 NAME **Brenda Carter**
 STREET ADDRESS **162 Old Nichols Cir.**
 CITY-ST-ZIP **Auburndale, FL 33823**

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

TITLE ☐ Change ☒ Addition
 NAME **Robert Russell**
 STREET ADDRESS **212 Fairway Circle**
 CITY-ST-ZIP **Winter Haven, FL 33881**

TITLE ☐ Change ☒ Addition
 NAME **Tom Dorencamper**
 STREET ADDRESS **365 Ashley Drive**
 CITY-ST-ZIP **Haines City, FL 33844**

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. (Administrative Assistant)

SIGNATURE:

Lisa Elsenheimer **Lisa Elsenheimer****4-10-01****(863) 956-1701**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)