

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716298

1. Entity Name

UNITED METHODIST CHURCH OF PINE ISLAND, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90001 044 ****61.25

Principal Place of Business 5701 PINE ISLAND RD. BOKEELIA FL 33922	Mailing Address 5701 PINE ISLAND RD. BOKEELIA FL 33922-3135
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-1773457	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

RUGH, DONALD
5026 SANDPIPER DR
ST. JAMES CITY FL 33956

7. Name and Address of New Registered Agent

Name: Waddell, Robert
 Street Address (P.O. Box Number is Not Acceptable): 2620 Date St.
St. James City, FL 33956
 City: FL Zip Code: 33956

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: [Signature] DATE: 4/24/00

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	
TITLE: D NAME: ROBERT, WADDELL STREET ADDRESS: 2620 DATE DR CITY-ST-ZIP: ST. JAMES CITY FL 33956	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: FRAHM, CHAD STREET ADDRESS: 12563 TROND BLVD CITY-ST-ZIP: BOKEELIA FL 33922	<input type="checkbox"/> Delete
TITLE: D NAME: DOOLEY, MIKE STREET ADDRESS: 5370 MARINA DR CITY-ST-ZIP: BOKEELIA FL 33992	<input type="checkbox"/> Delete
TITLE: D NAME: LONGLEY, ED STREET ADDRESS: 2823 8TH AVE CITY-ST-ZIP: ST JAMES CITY FL 33956	<input type="checkbox"/> Delete
TITLE: D NAME: WERLINE, TOM STREET ADDRESS: 12255 STAR SHELL DR CITY-ST-ZIP: CAPE CORAL FL 33991	<input type="checkbox"/> Delete
TITLE: D NAME: NIELSON, SHIRLEY STREET ADDRESS: 5892 SAMOA DR CITY-ST-ZIP: BOKEELIA FL 33922	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: Ward, Ronald STREET ADDRESS: 5372 Birdsong Ln. CITY-ST-ZIP: Bokeelia, FL 33922	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: Davis, Richard STREET ADDRESS: 10691 Habitat Tr. CITY-ST-ZIP: Bokeelia, FL 33922	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: Pruett, Kathryn STREET ADDRESS: 4988 Flamingo Dr. CITY-ST-ZIP: St. James City, FL 33956	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: Johnson, Babby STREET ADDRESS: 4021 Galt Island Ave. CITY-ST-ZIP: St. James City, FL 33956	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: WERLINE, TOM STREET ADDRESS: 12255 STAR SHELL DR CITY-ST-ZIP: CAPE CORAL FL 33991	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: NIELSON, SHIRLEY STREET ADDRESS: 5892 SAMOA DR CITY-ST-ZIP: BOKEELIA FL 33922	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] **REQUIRED** DATE: 4/24/00 (941) 283-2386

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #