

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90009 012 ****61.25

007024

DOCUMENT # 716298
 1. Entity Name
UNITED METHODIST CHURCH OF PINE ISLAND, INC.

Principal Place of Business 5701 PINE ISLAND RD. BOKEELIA FL 33922	Mailing Address 5701 PINE ISLAND RD. BOKEELIA FL 33922
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700839



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-1773457	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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
WODELL, ROBERT
2620 DALE STREET
ST. JAMES CITY FL 33956

7. Name and Address of New Registered Agent
 Name **ROY MADDOCK**
 Street Address (P.O. Box Number is Not Acceptable)
11941 OAKLAND DR.
 City **BOKEELIA** FL Zip Code **33922**

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 Roy Maddock DATE 1/7/01
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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WARD, RONALD 5372 BIRDSONG LANE BOKEELIA FL 33922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete FRAHM, CHAD 12563 TROND BLVD BOKEELIA FL 33922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DOOLEY, MIKE 5370 MARINA DR BOKEELIA FL 33992
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LONGLEY, ED 2823 8TH AVE ST JAMES CITY FL 33956
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete WERLINE, TOM 12255 STAR SHELL DR CAPE CORAL FL 33991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete NIELSON, SHIRLEY 5892 SAMOA DR BOKEELIA FL 33922

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LAUREL ANDERSON 2714 DEWBERRY ST. JAMES CITY, FL. 33956
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GINNY WARD 5372 BIRDSONG LANE BOKEELIA, FL. 33922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Roy Maddock DATE 1/7/01 941-283-2386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)