2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 21, 2002 8:00 am Secretary of State **DOCUMENT # 716298** 1. Entity Name UNITED METHODIST CHURCH OF PINE ISLAND, INC. 05-21-2002 90867 027 ****61 25 Principal Place of Business Mailing Address 5701 PINE ISLAND RD. 5701 PINE ISLAND RD. BOKEELIA FL 33922 **BOKEELIA FL 33922** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 59-1773457 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Humber is Not Acceptable) MADDOCK, ROY 11941 OAKLAND DR **BOKEELIA FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61,25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. (9/01) ח TITLE ☐ Delete TITLE WARD, RONALD NAME NAME rande Pine Rd 5372 BIRDSONG LANE STREET ADDRESS STREET ADDRESS **BOKEELIA FL 33922** CITY-ST-7IP CITY-ST-7IP Change TITLE Delete TITLE Audition ANDERSON, LAUREL NAME NAME 2714 DEWBERRY STREET ADDRESS STREET ADDRESS SAINT JAMES CITY FL 33956 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE' □ Change Addition DOOLEY, MIKE NAME NAME 5370 MARINA DR STREET ADDRESS STREET ADDRESS BOKEELIA FL 33992 CITY-ST-ZIP CITY-ST-ZIP **™** Delete Addition LONGLEY, ED NAME 2823 8TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST JAMES CITY FL 33956 CITY-ST-ZIP ☐ Addition TITLE TITLE · · Delete Ward, Ginny NAME NAME 5372 BIRDSONG LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOKEELIA FL 33922

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NIELSON, SHIRLEY

BOKEELIA FL 33922

5892 SAMOA DR

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

M Delete

■ Addition

Change