2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716298

1. Entity Name

UNITED METHODIST CHURCH OF PINE ISLAND, INC.



FILED
May 30, 2003 8:00 am
Secretary of State

05-30-2003 90090 014 ****61.25

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Principal Plac	e of Business	Mailing Address	·		ı			
		5701 PINE ISLAND RD. BOKEELIA FL 33922		·				
2. Principal P	lace of Business	3. Mailing Address						
						IN 13010 GRAIT ATOTO TOTOS LO	ill Blåll Blaif Blæll bin	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & Stat	e	City & State			4. FEI Number	59-1773457		Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate o	f Status Desired	□ \$8.75 Fee Req	Additional uired
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New Reg	istered Agent	
			Name					
	akland dr		Street A	Address (F	P.O. Box Number	is Not Acceptable)		
BOKEELL	A FL 33922				-			
۵			City				FL Zip	Code
8. The above the obligat	named entity submits this statement fo ions of registered agent.	r the purpose of changing its	s registered office o	r registere	ed agent, or both,	in the State of Florid	da. I am familiar w	vith, and accept
SIGNATURE.	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered Agent signa	ture required	when reinstating)		DATE	
·								
	FILE NOW: FEE IS \$61.25	9. Election Ca	mpaign Financing		¢E 00	Make	Check Payal	ole to
·	7LL 11011. 1 LL 10 401.23		Contribution.		\$5.00 May Be Added to Fees		Department	
10.	OFFICERS AND DIF	Trust Fund (Added to Fees	Florida NGES TO OFFICERS	Department	of State
10.	OFFICERS AND DIF	Trust Fund (11.	Char	Added to Fees DDITIONS/CHAP	Florida NGES TO OFFICERS	Department (AND DIRECTOR Char	of State
10.	OFFICERS AND DIF D GARVIN, LEW	Trust Fund (Contribution.	Char	Added to Fees DDITIONS/CHAP	Florida NGES TO OFFICERS	Department (AND DIRECTOR Char	of State S IN 10 Ige Addition
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12. I hereby certify that the information supplied with this filling 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING DIFFECTOR

CR2E037 (10/