

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716855

1. Entity Name

SEMINOLE UNITED METHODIST CHURCH, INC.

Principal Place of Business

5400 SEMINOLE BLVD  
SEMINOLE FL 33772

Mailing Address

5400 SEMINOLE BLVD  
SEMINOLE FL 33772-7317

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

THORNTON, JOHN  
409 161ST AVE  
REDINGTON BCH FL 33708

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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	T	THORNTON, JOHN	<input type="checkbox"/> Delete
NAME		409 161ST AVE	
STREET ADDRESS		REDINGTON BCH FL	
CITY-ST-ZIP			
TITLE	T	MOHNEY, EUGENE	<input checked="" type="checkbox"/> Delete
NAME		78J86 LAKE VISTA DR	
STREET ADDRESS		SEMINOLE FL	
CITY-ST-ZIP			
TITLE	T	PIERSON, AL	<input type="checkbox"/> Delete
NAME		9710 54TH AVE NORTH	
STREET ADDRESS		ST PETERSBURG FL 33708	
CITY-ST-ZIP			
TITLE	T	MILLER, ERMA	<input checked="" type="checkbox"/> Delete
NAME		8567 RIDGE RD	
STREET ADDRESS		SEMINOLE FL	
CITY-ST-ZIP			
TITLE	T	NORWOOD, FRANK	<input checked="" type="checkbox"/> Delete
NAME		9951 109TH ST NORTH	
STREET ADDRESS		SEMINOLE FL	
CITY-ST-ZIP			
TITLE	T	THOMPSON, HARRY	<input type="checkbox"/> Delete
NAME		5165 101ST ST NORTH	
STREET ADDRESS		ST PETERSBURG FL 33708	
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		William Finn	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		16010 5th St. E.	
STREET ADDRESS		Redington Beach, FL 33708	
CITY-ST-ZIP			
TITLE		Latrelle Perkins	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		10112 66th Ave. North	
STREET ADDRESS		Seminole, FL 33772	
CITY-ST-ZIP			
TITLE		Shirley Orr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		11210 Cherokee Dr.	
STREET ADDRESS		St. Petersburg, FL 33708	
CITY-ST-ZIP			
TITLE		Ruth Burden	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		11081 65th Terr. N.	
STREET ADDRESS		Seminole, FL 33772	
CITY-ST-ZIP			
TITLE		Bob Burg	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		9009 Baywood Park Dr.	
STREET ADDRESS		Seminole, FL 33772	
CITY-ST-ZIP			
TITLE		William Miller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		7901 Seminole Blvd.	
STREET ADDRESS		Seminole, FL 33772	
CITY-ST-ZIP			

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John S. Thornton

Date

Daytime Phone #

FILED  
May 30, 2000 8:00 am  
Secretary of State

05-30-2000 90074 035 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)