

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90067 005 ****61.25

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0760227

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THORNTON, JOHN
 409 161ST AVE
 REDINGTON BCH FL 33708**

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 date 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THORNTON, JOHN 409 161ST AVE REDINGTON BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FINN, WILLIAM 16010 5TH ST E REDINGTON BEACH FL 33708	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PIERSON, AL 9710 54TH AVE NORTH ST PETERSBURG FL 33708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PERKINS, LATRELLE 10112 66TH AVE N SEMINOLE FL 33772	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ORR, SHIRLEY 11210 CHEROKEE DR SAINT PETERSBURG FL 33708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMPSON, HARRY 5165 101ST ST NORTH ST PETERSBURG FL 33708	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T Burden, Ruth 11081 65th Terrace N. Seminole, Florida 33772	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
T Miller, Bill 13108 Linden Place Seminole, Florida 33776	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
T Miller, Erma 8567 Ridge Road Seminole, Florida 33772	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
T Pulfer, Pete 6007 137 Terr. N. Clearwater, FL 33607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
T Pulfer, Pete 6007 137 Terr. N. Clearwater, FL 33607	<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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)