

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90358 027 \*\*\*\*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

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

Name  
**Robert Burg**

Street Address (P.O. Box Number is Not Acceptable)  
**9009 Baywood Park Dr.**

City  
**Seminole**

**FL**

Zip Code  
**33776**

7. Name and Address of New Registered Agent

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 ☒ Delete  
 NAME **THORNTON, JOHN**  
 STREET ADDRESS **409 161ST AVE**  
 CITY-ST-ZIP **REDINGTON BCH FL**

TITLE ☒ Delete  
 NAME **BURDEN, RUTH**  
 STREET ADDRESS **11081 65TH TERRACE N**  
 CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE ☒ Delete  
 NAME **PIERSON, AL**  
 STREET ADDRESS **9710 54TH AVE NORTH**  
 CITY-ST-ZIP **ST PETERSBURG FL 33708**

TITLE ☐ Delete  
 NAME **MILLER, ERMA**  
 STREET ADDRESS **8567 RIDGE ROAD**  
 CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE ☐ Delete  
 NAME **ORR, SHIRLEY**  
 STREET ADDRESS **11210 CHEROKEE DR**  
 CITY-ST-ZIP **SAINT PETERSBURG FL 33708**

TITLE ☒ Delete  
 NAME **THOMPSON, HARRY**  
 STREET ADDRESS **5165 101ST ST NORTH**  
 CITY-ST-ZIP **ST PETERSBURG FL 33708**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
 NAME **Trustee Chairman**  
 STREET ADDRESS **Robert Burg**  
 CITY-ST-ZIP **9009 Baywood Park Dr.  
 Seminole, FL 33776**

TITLE ☐ Change ☒ Addition  
 NAME **Trustee**  
 STREET ADDRESS **Charlcie Houser**  
 CITY-ST-ZIP **10436 127th Place N.  
 Largo, Florida 33773**

TITLE ☐ Change ☒ Addition  
 NAME **Trustee**  
 STREET ADDRESS **Roy Lindow**  
 CITY-ST-ZIP **11032 117th Way North  
 Largo, Florida 33773**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **Trustee**  
 STREET ADDRESS **Pete Pulfer**  
 CITY-ST-ZIP **6007 137th Terrace N.  
 Clearwater, Florida 33607**

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

**3/19/02 727-391-9781**

Date

Daytime Phone #

CR2E037 (9/01)

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