

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2004 08:00 AM**  
**Secretary of State**

**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



07062004 No Chg-NP

CR2E037 (10/03)

4. FEI Number

59-0760227

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

BURG, ROBERT  
9009 BAYWOOD PARK DR  
SEMINOLE, FL 33776

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

7/13/04

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TC
NAME	BURG, ROBERT
STREET ADDRESS	9009 BAYWOOD PARK DR
CITY-STATE-ZIP	SEMINOLE, FL 33776
TITLE	T
NAME	HOUSER, CHARLOIE
STREET ADDRESS	10436 127TH PLACE N
CITY-STATE-ZIP	LARGO, FL 33773
TITLE	T
NAME	LINDOW, ROY
STREET ADDRESS	11032 117TH WAY NORTH
CITY-STATE-ZIP	LARGO, FL 33773
TITLE	T
NAME	MILLER, ERMA
STREET ADDRESS	8567 RIDGE ROAD
CITY-STATE-ZIP	SEMINOLE, FL 33772
TITLE	T
NAME	ORR, SHIRLEY
STREET ADDRESS	11210 CHEROKEE DR
CITY-STATE-ZIP	SAINT PETERSBURG, FL 33708
TITLE	T
NAME	PULFER, PETE
STREET ADDRESS	6007 137TH TERRACE N
CITY-STATE-ZIP	CLEARWATER, FL 33607

1100000166731  
07/16/04-80008-021 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:

*Robert D. Burg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/04

7271 391-9711