

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

08-22-2001 90001 047 ****61.25

DOCUMENT # 722447

1. Entity Name:

HIGH POINT UNITED METHODIST CHURCH, INC.

Principal Place of Business

**15703 - 61ST ST. N.
CLEARWATER FL 34620**

Mailing Address

**15703 - 61ST ST. N.
CLEARWATER FL 34620**

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

59-0879135

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

Name

James Hussey

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

14045 59th st. n.

City

Clearwater**FL**

Zip Code

33760

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**After September 12, 2001, min. will be \$236.25**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	<input checked="" type="checkbox"/> Delete
NAME	BATTSON, EDWIN	
STREET ADDRESS	7001 142ND AVE N., #334	
CITY-ST-ZIP	CLEARWATER FL 34620	

TITLE	T	<input type="checkbox"/> Delete
NAME	WALTON, KEN	
STREET ADDRESS	2620 COVE CAY, #805	
CITY-ST-ZIP	CLEARWATER FL 34620	

TITLE	T	<input type="checkbox"/> Delete
NAME	MCLEOD, BETTY	
STREET ADDRESS	15411 61ST STREET NORTH	
CITY-ST-ZIP	CLEARWATER FL 34620	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPYKER, LARRY	
STREET ADDRESS	15365 BEDFORD CIR W	
CITY-ST-ZIP	CLEARWATER FL	

TITLE	T	<input type="checkbox"/> Delete
NAME	SZATHOWSKI, JIM	
STREET ADDRESS	3013 LONGBROOKE WAY	
CITY-ST-ZIP	CLEARWATER FL	

TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	FENIMORE, HARRIETT	
STREET ADDRESS	7001 142ND AVE. NORTH, 238	
CITY-ST-ZIP	CLEARWATER FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Chairman, trustees	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Hussey	
STREET ADDRESS	14045 59th St. N.	
CITY-ST-ZIP	Clearwater, fl 33760	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marie Mc Cruig	
STREET ADDRESS	16940 U.S.19 #334	
CITY-ST-ZIP	Clearwater fl, 33764	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Amy Campbell	
STREET ADDRESS	2189 Watroak Dr. N.	
CITY-ST-ZIP	Clearwater, fl 33764	

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)

727-531-7214