

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728191

1. Entity Name

NEW ST. PAUL FREE METHODIST CHURCH, INC.

FILED

Jan 21, 2000 8:00 am  
Secretary of State

01-21-2000 90060 034 \*\*\*\*61.25

Principal Place of Business

Mailing Address

19431 N.W. 100 AVE ROAD  
MICANOPY FL 32667  
US

PO BOX 67  
ORANGE LAKE FL 32681-0067  
US

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

59-2954035

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

7. Name and Address of New Registered Agent

WILSON, ALFRED W  
18401 NW 53RD CT RD.  
ORANGE LAKE FL 32681

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CSD ☐ Delete  
NAME WILSON, ALFRED W  
STREET ADDRESS 18401 NW 53RD CT RD  
CITY-ST-ZIP ORANGE LAKE FL 32681

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

TITLE TD ☐ Delete  
NAME WASHINGTON, MARY P  
STREET ADDRESS 19101 N.W. 100 AVE ROAD  
CITY-ST-ZIP MICANOPY FL 32667

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

TITLE T ☒ Delete  
NAME RUTLEDGE, GUS  
STREET ADDRESS RT 1, BOX 589  
CITY-ST-ZIP MICANOPY FL 32667

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

TITLE D ☐ Delete  
NAME PERRY, MARY A.  
STREET ADDRESS 19101 N.W. 100 AVE ROAD  
CITY-ST-ZIP MICANOPY FL 32667

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

TITLE D ☒ Delete  
NAME WILSON, JENNIE B  
STREET ADDRESS 9709 N.W. 193 ST  
CITY-ST-ZIP MICANOPY FL 32667

TITLE D ☐ Change ☒ Addition  
NAME Otis Bellamy  
STREET ADDRESS 19200 N.W. 100th Ave. Road  
CITY-ST-ZIP Micanopy, FL 32667

TITLE S ☐ Delete  
NAME PERRY, GRACE  
STREET ADDRESS 1901 NW 100TH AVE RD  
CITY-ST-ZIP MICANOPY FL 32667

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: Grace A Perry REGRACE A Perry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-16-00

CR2E037 (9/99)