

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90087 013 ****61.25

DOCUMENT # 729031

1. Entity Name

**BOARD OF TRUSTEES, FIRST UNITED METHODIST CHURCH
, LAND O LAKES FLORIDA, INC.**



Principal Place of Business

**6209 LAND O' LAKES BLVD.
LAND O LAKES FL 34639**

Mailing Address

**6209 LAND O' LAKES BLVD.
LAND O LAKES FL 34639**

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 **59-6193829**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NEWMAN, DOUGLAS
6917 THOMAS CIRCLE
LAND O LAKES FL 34639**

7. Name and Address of New Registered Agent

Name

Bob Swan

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

1314 Windsor Way

City

Lutz O' Lakes

FL

Zip Code

333549

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 Bob Swan Chair

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-16-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C NEWMAN, DOUGLAS 6018 THOMAS CIRCLE LAND O LAKES FL 34639	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BOE, KEN 6212 DISCOVERY LANE LAND O LAKES FL 34639	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TTR BOERNER, TOM 6444 PAW PLACE LAND O LAKES FL 34639	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR KUENZEL, DIANE ESQ P.O.BOX 334 LAND O LAKES FL 34639	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR QUICK, MARY 21600 BRETT LANE LAND O LAKES FL 34639	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR RICHEY, GARY 5354 JULIA LANE LAND O LAKES FL 34639	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Bob Swan 1314 Windsor Way Lutz, FL 3	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC Claudette Henry 37044 Greatwood Ct. Land O' Lakes, FL 34639	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TTR Rick Carpenter P.O. Box 670 Land O' Lakes, FL 34639	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Lynn Everhart 25136 Conestoga Dr. Land O' Lakes, FL 34639	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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:

BOB SWAN

1-16-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR