

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730608

1. Entity Name

THE BOARD OF TRUSTEES OF THE FLORIDA ANNUAL CONF

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90176 047 ****61.25

Principal Place of Business

Mailing Address

1140 EAST MCDONALD ST.
P.O. BOX 3767
LAKELAND FL 33802

1140 EAST MCDONALD ST.
P.O. BOX 3767
LAKELAND FL 33802-3767

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

59-0904361

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

MASTON, THOMAS W.
1140 E. MCDONALD STREET
LAKELAND FL 33802

Name

Casey-Rutland, Ransom E.

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

1140 East McDonald Street

City

Lakeland

FL

Zip Code

33801

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 ☒ Delete
NAME VD
STREET ADDRESS GLENN, MITCHELL T.
CITY-ST-ZIP 3536 NW 8TH AVE
GAINESVILLE FL

TITLE ☒ Change ☐ Addition
NAME VD
STREET ADDRESS EVANS, JACK
CITY-ST-ZIP 2401 Ardson Place, #203
Tampa, Florida 33629-7331

TITLE ☐ Delete
NAME PD
STREET ADDRESS COUNTS, NORRIS
CITY-ST-ZIP 1791 TANGLEWOOD DR., NE
ST. PETERSBURG FL

TITLE ☐ Change ☐ Addition
NAME T
STREET ADDRESS Ransom Casey-Rutland
CITY-ST-ZIP 1140 East McDonald Street
Lakeland, Florida 33801

TITLE ☐ Delete
NAME T
STREET ADDRESS MARSTON, THOMAS W.
CITY-ST-ZIP 1140 E. MCDONALD ST.
LAKELAND FL 33801

TITLE ☐ Change ☐ Addition
NAME SD
STREET ADDRESS GARRETT, HOWARDENE
CITY-ST-ZIP 1911 CHEROKEE TR.
LAKELAND FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #