

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90128 018 ****70.00

DOCUMENT # 730765

1. Entity Name

**THE METHODIST CHURCH DISTRICT BOARD OF MISSIONS
 AND CHURCH EXTENSION OF SARASOTA DISTRICT, INC.**

Principal Place of Business

Mailing Address

6611 PROCTOR ROAD
 SARASOTA FL 34241
 US

P.O. BOX 50516
 SARASOTA FL 34232-0304
 US

2. Principal Place of Business

2049 B North Honore Ave.

3. Mailing Address

2049B North Honore Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

59-1692550

Applied For

Not Applicable

Zip
 34235

Country
 USA

Zip
 34235

Country
 USA

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

DIETZ, GEORGE A ESQ
 200 SOUTH ORANGE AVENUE
 SARASOTA FL 34236

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 **TD** ☒ Delete
 NAME **GREEN, JOHN H**
 STREET ADDRESS **3342 PINE VALLEY DR**
 CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **SD** ☐ Change ☒ Addition
 NAME **Donald D. Nations**
 STREET ADDRESS **6339 Sturbridge Ct.**
 CITY-ST-ZIP **Sarasota, FL 34238**

TITLE **CD** ☐ Delete
 NAME **MCCLELLAND, LLOYD C.**
 STREET ADDRESS **803 OJAH AVENUE**
 CITY-ST-ZIP **SUN CITY CENTER FL 33573**

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

TITLE **SD** ☐ Delete
 NAME **BOYER, WILLIAM J**
 STREET ADDRESS **1107 DAVIS STREET**
 CITY-ST-ZIP **VENICE FL 34285**

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

TITLE **D** ☐ Delete
 NAME **INGRAM, JOHN H**
 STREET ADDRESS **401 BAYVIEW**
 CITY-ST-ZIP **NOKOMIS FL 34275**

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

TITLE **D** ☒ Delete
 NAME **HETTEMA, ROGER L**
 STREET ADDRESS **7400 S. GATOR CREEK BLVD.**
 CITY-ST-ZIP **SARASOTA FL 34241**

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

TITLE **D** ☐ Delete
 NAME **HERMAN, DAVID W**
 STREET ADDRESS **6611 PROCTOR ROAD**
 CITY-ST-ZIP **SARASOTA FL 34241**

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

2-7-02

Date

(941) 371-6511

Daytime Phone #

CR2E037 (9/01)