

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

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90075 003 \*\*\*\*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

6611 PROCTOR ROAD  
SARASOTA FL 34241  
US

Mailing Address

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

2. Principal Place of Business

2049-B N. Honore Ave.

3. Mailing Address

2049-B N. 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

Country

34235

Zip

Country

34235

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Delete  
NAME **NATIONS, DONALD D**  
STREET ADDRESS **6339 STURBRIDGE**  
CITY-ST-ZIP **SARASOTA FL 34238**

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

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 **HERMAN, DAVID W**  
STREET ADDRESS **6611 PROCTOR ROAD**  
CITY-ST-ZIP **SARASOTA FL 34241**

TITLE **D** ☒ Change ☐ Addition  
NAME **Herman, David W.**  
STREET ADDRESS **2049-B. N. Honore Ave.**  
CITY-ST-ZIP **Sarasota FL 34235**

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: \*

*David W. Herman*  
**David W. Herman**

1/30/03

941-371-6511

CR2E037 (10/02)