

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736873

1. Entity Name

ST. LUKE'S UNITED METHODIST CHURCH OF FLORIDA GA
RDENS, INC.

Principal Place of Business

Mailing Address

165 OHIO RD.
LAKE WORTH FL 33467

165 OHIO RD.
LAKE WORTH FL 33467

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

59-2297890

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

Name

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

City

FL

Zip Code

SEYMOUR, SAM
49 W PALM AVE
LAKE WORTH FL 33467

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

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

(NOTE: Registered agent signature required when reinstating)

1-9-02

DATE

FILE NOW: FEE IS \$81.25

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

TITLE ☐ Delete

NAME AMATEIS, ROLAND
STREET ADDRESS 7791 PEBBLE BEACH DR.
CITY-ST-ZIP LAKE WORTH FL

Trustee

TITLE ☒ Delete

NAME SEARS, NANCY
STREET ADDRESS 32 CUYAHOGA RD
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE ☐ Delete

NAME JOY, STEVEN
STREET ADDRESS 129 DAYTON ROAD
CITY-ST-ZIP LAKE WORTH FL 33467

Trustee

TITLE ☒ Delete

NAME ROBERTS, ED
STREET ADDRESS 4804 PIER DRIVE
CITY-ST-ZIP GREEN ACRES FL

TITLE ☐ Delete

NAME JONES, TOM
STREET ADDRESS 120 CANTON ROAD
CITY-ST-ZIP LAKE WORTH FL 33467

Trustee

TITLE ☐ Delete

NAME WAKE, TOM
STREET ADDRESS 3805 CYPRESSWOOD CT
CITY-ST-ZIP LAKE WORTH FL 33467

Trustee

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition

NAME Minos, Betty
STREET ADDRESS 7368 Pine Forest Cir.
CITY-ST-ZIP Lake Worth, FL 33467

Trustee

TITLE ☐ Change ☒ Addition

NAME Shelton, Nick
STREET ADDRESS 31 W. Arch Dr.
CITY-ST-ZIP Lake Worth, FL 33467

Trustee

TITLE ☐ Change ☒ Addition

NAME Thompson, Susan
STREET ADDRESS 55 W. Arch Dr.
CITY-ST-ZIP Lake Worth, FL 33467

Trustee

TITLE ☐ Change ☒ Addition

NAME Bove, Grace
STREET ADDRESS P.O. Box 6723
CITY-ST-ZIP Lake Worth, FL 33466-6723

Trustee

TITLE ☐ Change ☐ Addition

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:

SAM Seymour
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 1-9-02 Daytime Phone 561-965688

FILED
Mar 12, 2002 8:00 am
Secretary of State

01-31-2002 90008 038 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)