

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 13, 2001 8:00 am  
Secretary of State

02-13-2001 90076 043 \*\*\*\*61.25

DOCUMENT # 737811

1. Entity Name

THE FLORIDA CONFERENCE UNITED METHODIST CHURCH C

Principal Place of Business

1140 E. McDONALD STREET  
LAKELAND FL 33801  
US

Mailing Address

PO BOX 3767  
LAKELAND FL 33802  
US

022208



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0904361

Applied For

Not Applicable

Zip

Country

Zip

Country

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

COURTOY, CHARLES W  
1140 E McDONALD ST  
LAKELAND FL 33801

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

*Charles W. Courtoy*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*2/7/2001*  
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 PC ☒ Delete  
NAME BUTLER, PAUL B JR  
STREET ADDRESS 807 BEN LOMOND DRIVE  
CITY-ST-ZIP TEMPLE TERRACE FL 33617

TITLE PC ☒ Change ☐ Addition  
NAME Conner, Carol D.  
STREET ADDRESS 3368 Edgecliffe Drive  
CITY-ST-ZIP Orlando FL 32806

TITLE VPCD ☒ Delete  
NAME CONNER, CAROL D  
STREET ADDRESS 3368 EDGECLIFFE DRIVE  
CITY-ST-ZIP ORLANDO FL 32806

TITLE VD ☐ Change ☒ Addition  
NAME Eugene Herring  
STREET ADDRESS 301 SE 2nd Avenue  
CITY-ST-ZIP Hawthorne FL 32640

TITLE STD ☐ Delete  
NAME RINAMAN, WILLIAM K  
STREET ADDRESS 6501 ARLINGTON EXPRESSWAY, #A101  
CITY-ST-ZIP JACKSONVILLE FL 32211

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

TITLE AS ☐ Delete  
NAME HOLDEN, BARBARA A  
STREET ADDRESS 1140 E. McDONALD STREET  
CITY-ST-ZIP LAKELAND FL 33801

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

TITLE D ☒ Delete  
NAME CONNER, CAROL D  
STREET ADDRESS 5110 JENNIFER PLACE  
CITY-ST-ZIP ORLANDO FL 32807

TITLE D ☐ Change ☒ Addition  
NAME Brillhart, Dorothy  
STREET ADDRESS 204 Cypress Drive  
CITY-ST-ZIP Perry FL 32348

TITLE D ☐ Delete  
NAME NEAL, RICHARD W  
STREET ADDRESS 4444 5TH AVENUE NORTH  
CITY-ST-ZIP ST. PETERSBURG FL 33713-6204

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:

*Charles W. Courtoy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/8/01*

Date

*407-422-3330*

Daytime Phone #

CR2E037 (10/00)