

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

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

02-06-2003 90087 010 ****61.25

DOCUMENT # 737811

1. Entity Name

**THE FLORIDA CONFERENCE UNITED METHODIST CHURCH C
OMMITTEE ON NEW CHURCH DEVELOPMENT AND CHURCH RE**



Principal Place of Business

**1140 E. McDONALD STREET
LAKELAND FL 33801
US**

Mailing Address

**PO BOX 3767
LAKELAND FL 33802
US**

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

~~MONTFORT JR, DUNCAN C~~ *Duncan Jr, Montfort C.*
**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. 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

2/4/03

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 **PC** ☐ Delete
NAME **CONNER, CAROL D**
STREET ADDRESS **3368 EDGECLIFFE DRIVE**
CITY-ST-ZIP **ORLANDO FL 32806**

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

TITLE **VD** ☐ Delete
NAME **HERRING, EUGENE**
STREET ADDRESS **301 SE 2ND AVENUE**
CITY-ST-ZIP **HAWTHORNE FL 32640**

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

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 **BRILLHART, DOROTHY**
STREET ADDRESS **204 CYPRESS DRIVE**
CITY-ST-ZIP **PERRY FL 32348**

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

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 **QUINONES, JOSE**
STREET ADDRESS **8045 SW 107th Avenue #224**
CITY-ST-ZIP **Miami FL 33173**

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 REQUIRED

2/4/03 407-422-3330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)