2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740784

LENA VISTA UNITED METHODIST CHURCH, INC.

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FILED Jan 21, 2003 8:00 am **Secretary of State**

01-21-2003 90523 014 ****61.25

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|--|--|---------------------|--|--------------------------------|--|--|--|---|---|
| Principal Place of Business 401 S. BERKLEY ROAD AUBURNDALE FL 33823 | | | ng Address 80X 426 RNDALE FL 33823-042 | 26 | | 1 (1881) (1881) 8 (1831) | 28 311 2 888 2 2 8 132 818 2 81 8 | IZE Opû nî din ie siyel bîl | III 8 186 18 9 1 |
| 2. Principal F | Place of Business | 3. Ma | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | ☐ CHECK HERE IF MAKING CHANGES | | | |
| City & State | | | City & State | | | 4. FEI Number 59-2951873 Applied For Not Applicable | | | |
| Zip Country | | | Zip Cou | | intry | 5. Certificate of Status Desired S8.75 Addition Fee Required | | ditional | |
| 6. Name and Address of Current Registered Agent | | | | | and the same | 7. Name and Addres | se of New Registe | | |
| | 0. Name and Address Of | Current negister | ed Agent | | Name | 7. Haitle Blid Addle | as of frem fregiste | ed Agent | |
| COFFMAN, CAROLE | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| 412 KEUKA DR. Auburndale Fl. 33823-2228 | | | | | <u> </u> | | | | |
| | | | | | City | | | FL Zip Cod | |
| 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 | | | | | | | | | |
| | Election Campaign Financing Trust Fund Contribution. | | | \$5.00 May Be Added to Fees | | neck Payable partment of S | | | |
| 10. | OFFICERS | AND DIRECTORS | | 11. | | ADDITIONS/CHANGES | TO OFFICERS AN | D DIRECTORS IN | 10 |
| TITLE | TD | | ☐ Delete | TITLE | | | · | ☐ Change | Addition |
| NAME | GURNEY, FRANK | | T Delete | NAMI | I | | | onlinge | |
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| STREET ADDRESS | 416 S GENATHY DR | | | | ET ADDRESS | | | | [] |
| CITY-ST-ZIP | AUBURNDALE FL 33823- | 2242 | | CITY- | -ST-ZIP | | | | li |
| TITLE | STD | | ☐ Delete | TITLE | | | | Change | ☐ Addition |
| NAME | COFFMAN, CAROLE | | | NAM | E | | | | |
| STREET ADDRESS | 412 KEUKA DR | | | STRE | ET ADDRESS | | | | i |
| - CITY-ST-ZIP | AUBURNDALE: FL-33823- | 2228 | وساء مرية ووالسريء أأسمه | - CITY- | ST-ZIP | and the same of | • · · ** · · · · · · · · · · · · · · · · · · | | |
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| | COFFMAN, TROY | | L_J Delete | NAM | | | | | ☐ Addition |
| NAME STREET ADDRESS | 412 KEUKA | | | | ET ADDRESS | | | | |
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| STREET ADDRESS | | | | STRE | ET ADDRESS | | | | 1 |

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP