

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90093 048 ****61.25

DOCUMENT # 741083

1. Entity Name

ENGLEWOOD UNITED METHODIST CHURCH, INC.

Principal Place of Business

**700 W DEARBORN ST
 ENGLEWOOD FL 34223
 US**

Mailing Address

**170 W DEARBORN ST
 ENGLEWOOD FL 34223
 US**

J J U J J U



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

59-1461291

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

**DUNKIN, DAVID A.
 150 W. DEARBORN
 ENGLEWOOD FL 34223**

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 _____

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	CPD GRIFFIN, LARRY	<input type="checkbox"/> Delete
STREET ADDRESS	9392 NEW MARTINSVILLE AVE.	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE NAME	VCD ANDERSON, CARL	<input type="checkbox"/> Delete
STREET ADDRESS	310 PENROSE CIR.	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE NAME	VCD ARNOLD, IRVIN	<input type="checkbox"/> Delete
STREET ADDRESS	9221 SN BERNANDIO AVE.	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE NAME	SD HAMILTON, SYLVIA	<input type="checkbox"/> Delete
STREET ADDRESS	651 MICHIGAN AVE.	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE NAME	TD SHEPPARD, DON	<input type="checkbox"/> Delete
STREET ADDRESS	1065 SCHOONER LN.	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE NAME	D ANDERSON, CARL	<input type="checkbox"/> Delete
STREET ADDRESS	310 PENROSE CIRCLE	
CITY-ST-ZIP	ENGLEWOOD FL 34223	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Signature*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-01 9414740094
 Date Daytime Phone #

CR2E037 (10/00)