

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90163 017 \*\*\*61.25

**DOCUMENT # 741083**

1. Entity Name

**ENGLEWOOD UNITED METHODIST CHURCH, INC.**

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

**700 E. Dearborn St.**  
 Suite, Apt. #, etc.

**700 E. Dearborn St.**  
 Suite, Apt. #, etc.

City & State

**Englewood, FL**

City & State

**Englewood, FL**

4. FEI Number

**59-1461291**

Applied For

Not Applicable

Zip

Country

**34223**

Zip

Country

**34223**

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUNKIN, DAVID A.  
 170 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 CPD  Delete  
 NAME GRIFFIN, LARRY  
 STREET ADDRESS 9392 NEW MARTINSVILLE AVE.  
 CITY-ST-ZIP ENGLEWOOD FL 34224

TITLE PTR  Change  Addition  
 NAME THOMAS, ROGER A.  
 STREET ADDRESS 880 E. 7th ST.  
 CITY-ST-ZIP ENGLEWOOD, FLORIDA 34223

TITLE VCD  Delete  
 NAME ANDERSON, CARL  
 STREET ADDRESS 310 PENROSE CIR.  
 CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE TR  Change  Addition  
 NAME ALEXANDER, DOUGLAS  
 STREET ADDRESS 1637 BAYSHORE DRIVE  
 CITY-ST-ZIP ENGLEWOOD, FLORIDA 34223

TITLE VCD  Delete  
 NAME ARNOLD, IRVIN  
 STREET ADDRESS 9221 SN BERNARDIO AVE.  
 CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE VTR  Change  Addition  
 NAME ARNOLD, IRVIN  
 STREET ADDRESS 9221 SAN BERNADINO AVE.  
 CITY-ST-ZIP ENGLEWOOD, FLORIDA 34224

TITLE SD  Delete  
 NAME HAMILTON, SYLVIA  
 STREET ADDRESS 651 MICHIGAN AVE.  
 CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE STR  Change  Addition  
 NAME HAMILTON, SYLVIA  
 STREET ADDRESS 651 MICHIGAN AVE.  
 CITY-ST-ZIP ENGLEWOOD, FLORIDA 34223

TITLE TD  Delete  
 NAME SHEPPARD, DON  
 STREET ADDRESS 1065 SCHOONER LN.  
 CITY-ST-ZIP ENGLEWOOD FL 34224

TITLE T  Change  Addition  
 NAME SHEPPARD, DON  
 STREET ADDRESS 1065 SCHOONER LANE  
 CITY-ST-ZIP ENGLEWOOD, FLORIDA 34224

TITLE D  Delete  
 NAME ANDERSON, CARL  
 STREET ADDRESS 310 PENROSE CIRCLE  
 CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE TR  Change  Addition  
 NAME BOOTH, JOHN  
 STREET ADDRESS 9484 CASA GRANDE AVE.  
 CITY-ST-ZIP ENGLEWOOD, FLORIDA 34224

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 of Roger A. Thomas*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Feb 8, '02 474 6257*  
 Date Daytime Phone #

CR2E037 (9/01)

