

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90209 017 ****61.25

813685



DO NOT WRITE IN THIS SPACE

DOCUMENT # 745562

1. Entity Name
THE FLORIDA CONFERENCE OF THE FREE METHODIST CHU

Principal Place of Business Mailing Address

5356 ZION AVE 5356 ZION AVE
 LAKELAND FL 33810 LAKELAND FL 33810
 US US

2. Principal Place of Business 3. Mailing Address

6101 N. Armenia Ave. 6101 N, Armenia Ave.

Suite, Apt. #, etc. Suite, Apt. #, etc.

Tampa, FL 33604 Tampa, FL 33604

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

59-6511994 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMOUT, CHARLES O
 5356 ZION AVE
 LAKELAND FL 33810

7. Name and Address of New Registered Agent

Name
 Donna C. Pannell

Street Address (P.O. Box Number is Not Acceptable)

6101 N. Armenia Ave.

City State Zip Code

Tampa FL 33604

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.

Donna C. Pannell

SIGNATURE *Donna C. Pannell* DATE 1-16-01

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 STREET ADDRESS CITY-ST-ZIP	VCD ANDERSON, DAVID 3104 S BRYAN RD BRANDON FL 33511	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			VCD BELL, STEVEN 2204 26th Ave. E. Bradenton, FL 34208
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SNYDER, RICHARD D. 203 CHARLESGATE CIRCLE EAST AMHERST NY 14051	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FISHER, HAROLD G 13945 S 20TH ST DADE CITY FL 33525	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SMOUT, CHARLES O. 5356 ZION AVE LAKELAND, FL 00000 33810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			STD SMOUT, CHARLES O. 10 Terrace Gardens Lakeland, FL 33815
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAJARDO, JOSH 2705 ARMENIA CT TAMPA FL 33614	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			CD FAJARDO, JOSH 2705 Armenia Ct. Tampa, FL 33614
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CLEVELAND, DONALD J. 5254 CANAAN LAKELAND FL 33810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			D CLEVELAND, DONALD G. 5254 Canaan Lakeland, FL 33810
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(3)(f) 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 O. Smout* Date Jan 11, 2001 Daytime Phone # (863) 687 9150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)