

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2002 8:00 am**  
**Secretary of State**

03-15-2002 90009 009 \*\*\*\*61.25

**DOCUMENT # 745562**

1. Entity Name

**THE FLORIDA CONFERENCE OF THE FREE METHODIST CHURCH OF NORTH AMERICA, INC.**

Principal Place of Business

6101 N ARMENIA AVE  
 TAMPA FL 33604  
 US

Mailing Address

6101 N ARMENIA AVE  
 TAMPA FL 33604  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-6511994**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PANNELL, DONNA C**  
**6101 N ARMENIA AVE**  
**TAMPA FL 33604**

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	VCD	<input type="checkbox"/> Delete
NAME	BELL, STEVEN	
STREET ADDRESS	2204 26TH AVE EAST	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE	P	<input type="checkbox"/> Delete
NAME	SNYDER, RICHARD D.	
STREET ADDRESS	203 CHARLESGATE CIRCLE	
CITY-ST-ZIP	EAST-AMHERST-NY 14051	
TITLE	S	<input type="checkbox"/> Delete
NAME	FISHER, HAROLD G	
STREET ADDRESS	13945 S 20TH ST	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SMOUT, CHARLES O.	
STREET ADDRESS	10 TERRACE GARDENS	
CITY-ST-ZIP	LAKELAND FL 33815	
TITLE	CD	<input type="checkbox"/> Delete
NAME	FAJARDO, JOSH	
STREET ADDRESS	2705 ARMENIA CT	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLEVELAND, DONALD G	
STREET ADDRESS	5254 CANAAN	
CITY-ST-ZIP	LAKELAND FL 33810	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *Donna C. Pannell* DONNA C. PANNELL 3-1-02 813-875-0917

CR2E037 (9/01)