2000 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2000 8:00 am DOCUMENT # 746700 1. Entity Name Secretary of State LAKE HARBOR COMMUNITY METHODIST CHURCH, INC. 04-17-2000 90146 005 ****61.25 Principal Place of Business Mailing Address 29 W. CORKSCREW BLVD P O BOX 37 LAKE HARBOR FL 33459-0037 LAKE HARBOR FL 33459 $\mathsf{L}\mathsf{U}\mathsf{U}\mathsf{U}\mathsf{D}\mathsf{D}\mathsf{J}\mathsf{J}\mathsf{J}\mathsf{U}$ 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0228618 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) SCHNEIDER, NORMA R 800 W. ROYAL PALM AVE. **CLEWISTON FL 33440** Zin Code City 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** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition ☐ Delete TITLE TITLE bert Kich NAME HAULCOMB, DOYLE J NAME STREET ADDRESS STREET ADDRESS 1723 JOHN RD. CLEWISTON FL 33440 CITY-ST-ZIP CITY-ST-ZIP **CLEWISTON FL 33440** Change ☐ Addition TITLE TITLE ☐ Delete Haulcomb Doyle WEEKS, MARTHA L NAME RT & BOX 224X 8 E CORKSCREW BLVD. STREET ADDRESS STREET ADDRESS CLEWISTON FL 33440 CITY-ST-ZIP CITY-ST-ZIP LAKE HARBOR FL 33459 ☐ Change ☐ Addition TITLE TITLE ☐ Delete MIKOVSKY, EDWARD J --NAME NAME-STREET ADDRESS 27 E CORKSCREW BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE HARBOR FL 33459 ☐ Change Addition TITLE TITLE TT ☐ Delete WEEKS, BARNES S NAME NAME STREET ADDRESS STREET ADDRESS 8 E CORKSCREW BLVD CITY-ST-ZIP CITY-ST-ZIP LAKE HARBOR FL 57 Delete ☐ Change TITLE ☐ Addition TITLE SCRUGGS, BARBARA W NAME NAME STREET ADDRESS STREET ADDRESS WARREN/SCRUGGS RD CITY-ST-ZIP CITY-ST-ZIP lake harbor fl Hebert, RICHARD TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

El Musously 4-11-2000