

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746700

1. Entity Name

LAKE HARBOR COMMUNITY METHODIST CHURCH, INC.

Principal Place of Business

Mailing Address

29 W. CORKSCREW BLVD
LAKE HARBOR FL 33459

P O BOX 37
LAKE HARBOR FL 33459-0037

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0228618

Applied For

Not Applicable

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

SCHNEIDER, NORMA R
800 W. ROYAL PALM AVE.
CLEWISTON FL 33440

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

TITLE	VT	<input type="checkbox"/> Delete
NAME	HAULCOMB, DOYLE J	
STREET ADDRESS	1723 JOHN RD.	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WEEKS, MARTHA L	
STREET ADDRESS	8 E CORKSCREW BLVD.	
CITY-ST-ZIP	LAKE HARBOR FL 33459	
TITLE	PT	<input type="checkbox"/> Delete
NAME	MIKOVSKY, EDWARD J	
STREET ADDRESS	27 E CORKSCREW BLVD.	
CITY-ST-ZIP	LAKE HARBOR FL 33459	
TITLE	TT	<input type="checkbox"/> Delete
NAME	WEEKS, BARNES S	
STREET ADDRESS	8 E CORKSCREW BLVD	
CITY-ST-ZIP	LAKE HARBOR FL 57	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	SCRUGGS, BARBARA W	
STREET ADDRESS	WARREN/SCRUGGS RD	
CITY-ST-ZIP	LAKE HARBOR FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hebert, Richard A.	
STREET ADDRESS	RT 1 Box 100L	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Haulcomb Doyle	
STREET ADDRESS	RT 2 Box 224X	
CITY-ST-ZIP	CLEWISTON FL 33440	
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