

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90004 050 ****61.25

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DOCUMENT # 746700

1. Entity Name

LAKE HARBOR COMMUNITY METHODIST CHURCH, INC.

Principal Place of Business

**29 W. CORKSCREW BLVD
LAKE HARBOR FL 33459**

Mailing Address

**P O BOX 37
LAKE HARBOR FL 33459**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0228618

Applied For

Not Applicable

Zip

Country

Zip

Country

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
HAULCOMB, DOYLE J
1723 JOHN RD.
CLEWISTON FL 33440** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
410 CR 720
CLEWISTON FL 33440** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
WEEKS, MARTHA L
8 E CORKSCREW BLVD.
LAKE HARBOR FL 33459** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S/T/D ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
MIKOVSKY, EDWARD J
27 E CORKSCREW BLVD.
LAKE HARBOR FL 33459** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TT
WEEKS, BARNES S
8 E CORKSCREW BLVD
LAKE HARBOR FL 57** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LAKE HARBOR FL 33459** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TR
SCRUGGS, BARBARA W
WARREN/SCRUGGS RD
LAKE HARBOR FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**RICHARD HEBERT V/D
RICHARD HEBERT
E. CORKSCREW BLVD.
LAKE HARBOR FL 33459** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

E.W. MIKOVSKY REQUIRED *E. Mikovsky*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/01 561/996-6363

CR2E037 (10/00)