

2002 UNIFORM BUSINESS REPORT (UBR)

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

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

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	HAULCOMB, DOYLE J	410 CR 720 CLEWISTON FL 33440				
	STD	WEEKS, MARTHA L	8 E CORKSCREW BLVD. LAKE HARBOR FL 33459				
	PD	MIKOVSKY, EDWARD J	27 E CORKSCREW BLVD. LAKE HARBOR FL 33459				
	D	WEEKS, BARNES S	8 E CORKSCREW BLVD LAKE HARBOR FL 33459				
	TR	SCRUGGS, BARBARA W	5 CORKSCREW BLVD LAKE HARBOR FL 33459				
					VID	RICHARD HEBERT E. CORKSCREW BLVD. LAKE HARBOR FL 33459	

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:

Edward J. Mikovsky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/02

Date

561-996-6363

Daytime Phone #

CR2E037 (9/01)

0076122

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 91192 049 ****61.25



DO NOT WRITE IN THIS SPACE