

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750826

1. Entity Name

LAKESIDE UNITED METHODIST CHURCH, INC.

Principal Place of Business

1801 12TH AVENUE SOUTH
LAKE WORTH FL 33461-2799

Mailing Address

1801 12TH AVENUE SOUTH
LAKE WORTH FL 33461-2799

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

METZCHER, EDWARD C
176 VASSAR DR
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent

Name David Duecker

Street Address (P.O. Box Number is Not Acceptable)
3230 Starboard Dr.

City Lantana

FL

Zip Code 33462

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

David Duecker, President

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 NAME STREET ADDRESS CITY-ST-ZIP	VP CHENNEL, KENNETH 2704 PARK AVE LANTANA FL 33462	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, JAMES 3678 KEWANEE RD LAKE WORTH FL 33462	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, ROBERTS C/O 8090 AMBACH WAY HYPOLLUXO FL 33462	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITTLEFIELD, DANA 3315 HURRICAN DRIVE LANTANA FL 33462	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERBUS, JACKIE 1811 CARISSA RD LAKE CLARKE SHORES FL 33406	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORPHEUS, MARGARET 1408 ONTARIO DR LAKE WORTH FL 33461-6117	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Chennell, Kenneth 2704 Park Ave. Lantana, FL 33462	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Limauro, Robert 1435 Crest Dr. Lake Worth, FL 33461	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bonnie Christie 110 Lake Worth Ave. Lantana, FL 33462	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Muller 1408 18 Ave. N Lake Worth, FL 33460	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jacqueline Chalmers 8177 Waterline Dr. Boynton Beach, FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-434-7946

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90198 017 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)