

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 07, 2002 8:00 am  
Secretary of State

02-07-2002 90026 050 \*\*\*\*61.25

0037033

**DOCUMENT # 750826**

1. Entity Name

**LAKESIDE UNITED METHODIST CHURCH, INC.**

Principal Place of Business

Mailing Address

**1801 12TH AVENUE SOUTH  
LAKE WORTH FL 33461-2799**

**1801 12TH AVENUE SOUTH  
LAKE WORTH FL 33461-2799**

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

**59-1109353**

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

~~METZCHER, EDWARD C  
176 VASSAR DR  
LAKE WORTH FL 33460~~

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* **DAVID DUECKER** President. **JAN, 21, 2002.**  
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	<del>VP</del>	<input type="checkbox"/> Delete
NAME	<b>CHENNEL, KENNETH</b>	
STREET ADDRESS	<b>2704 PARK AVE</b>	
CITY-ST-ZIP	<b>LANTANA FL 33462</b>	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> Delete
NAME	<b>LIMAURO, ROBERT</b>	
STREET ADDRESS	<b>1435 CREST DR</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33461</b>	
TITLE	<del>D</del>	<input type="checkbox"/> Delete
NAME	<b>EDWARDS, ROBERTS</b>	
STREET ADDRESS	<b>C/O 8090 AMBACH WAY 3360 Hurricane Dr</b>	
CITY-ST-ZIP	<b>HYPOLEXO FL 33462 Lantana FL 33462</b>	
TITLE	<del>D</del>	<input type="checkbox"/> Delete
NAME	<b>LITTLEFIELD, DANA</b>	
STREET ADDRESS	<b>3315 HURRICAN DRIVE</b>	
CITY-ST-ZIP	<b>LANTANA FL 33462</b>	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> Delete
NAME	<b>CHALMERS, JACQUELINE</b>	
STREET ADDRESS	<b>8177 WATERLINE DR</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33437</b>	
TITLE	<del>D</del>	<input type="checkbox"/> Delete
NAME	<b>MULLER, ROBERT</b>	
STREET ADDRESS	<b>1408 18TH AVE NORTH</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33406</b>	

TITLE	<b>FRES.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Toni C. Long</b>	
STREET ADDRESS	<b>513 S. 13th Place</b>	
CITY-ST-ZIP	<b>Lantana, FL 33462</b>	
TITLE	<b>V.P.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Richard Goolsby</b>	
STREET ADDRESS	<b>4341 54th St</b>	
CITY-ST-ZIP	<b>West Palm Beach FL 33407</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *David Duecker* **SIGNATURE REQUIRED**

**JAN, 13, 2002**

CR2E037 (9/01)