

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-11-2002 90145 044 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **757522**

1. Entity Name

UNITED METHODIST CHURCH OF SUN CITY CENTER, INC.

Principal Place of Business

Mailing Address

1210 DEL WEBB BLVD W
SUN CITY CNTR FL 33573

1210 DEL WEBB BLVD W
SUN CITY CNTR FL 33573

73220



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2131662

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

ZUGROVICH, WILLIAM
1213 EAST LOCH CT
SUN CITY CENTER FL 33573

Name

Jack Heinzman

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

749 Masterpiece Dr.

City

Sun City Center

FL

Zip Code
33573

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

Jack Heinzman

1-17-02

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	TR ZUGROVICH, WILLIAM	<input type="checkbox"/> Delete
STREET ADDRESS	1213 EAST LOCH CT	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE NAME	TR DUNCAN, BETTY	<input type="checkbox"/> Delete
STREET ADDRESS	902 SUN KEY CT	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE NAME	TR RAYBUCK, JAMES	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2524 LYNX RD	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE NAME	TR DAVES, MARION	<input type="checkbox"/> Delete
STREET ADDRESS	302 CANTON CT.	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE NAME	TR GEHRES, FLOYD	<input type="checkbox"/> Delete
STREET ADDRESS	1220 DEL WEBB BLVD WEST	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE NAME	TR O'DAY, TOM	<input type="checkbox"/> Delete
STREET ADDRESS	504 SHEA PLACE	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	Chairman Jack Heinzman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	749 Masterpiece Dr.	
CITY-ST-ZIP	Sun City Center FL 33573	
TITLE NAME	TR Forrest Smith	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1244 Del Webb Blvd. W.	
CITY-ST-ZIP	Sun City Center FL 33573	
TITLE NAME	TR Shirley Dodd	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1203 Royal Links Ct.	
CITY-ST-ZIP	Sun City Center FL 33573	
TITLE NAME	TR Lester Hooley	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1116 Radison Ave.	
CITY-ST-ZIP	Sun City Center FL 33573	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE REQUIRED

1-17-02

813-634-7127

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)