

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90084 050 ****61.25



DOCUMENT # 757522

1. Entity Name
UNITED METHODIST CHURCH OF SUN CITY CENTER, INC.

Principal Place of Business Mailing Address
1210 DEL WEBB BLVD W **1210 DEL WEBB BLVD W**
SUN CITY CNTR FL 33573 **SUN CITY CNTR FL 33573**

2. Principal Place of Business 3. Mailing Address
1210 Del Webb Blvd. W. **1210 Del Webb Blvd. W.**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Sun City Center Fl **Sun City Center FL**
Zip Country Zip Country
33573 **USA** **33573** **USA**

4. FEI Number **59-2131662** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HEINZMAN, JACK
749 MASTERPIECE DR
SUN CITY CENTER FL 33573

7. Name and Address of New Registered Agent

Name
Forrest Smith
Street Address (P.O. Box Number is Not Acceptable)
1244 Del Webb Blvd. W.
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Forrest Smith*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR ZUGROVICH, WILLIAM 1213 EAST LOCH CT SUN CITY CENTER FL 33573	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR DUNCAN, BETTY 902 SUN KEY CT. SUN CITY CENTER FL 33573	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HEINZMAN, JACK 749 MASTERPIECE DR SUN CITY CENTER FL 33573	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR DAVIES, MARION 302 CANTON CT. SUN CITY CENTER FL 33573	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR GEHRES, FLOYD 1220 DEL WEBB BLVD WEST SUN CITY CENTER FL 33573	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR O'DAY, TOM 504 SHEA PLACE SUN CITY CENTER FL 33573	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Ruth Morefield 734 Masterpiece Dr. Sun City Center FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Don Van Der Baan 725 Winterbrooke Way Sun City Center FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Terry Webster 2041 Berry Roberts Dr. Sun City Center FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Richard Winchester 811 Freedom Plaza Cir., #207 Sun City Center FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Dodd, Shirley 1203 Royal Links Dr. Sun City Center FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Smith, Forrest 1244 Del Webb Blvd. W. Sun City Center FL 33573	<input type="checkbox"/> Change <input checked="" 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:

Forrest Smith **REQUIRED**

1-8-03

CR2E037 (10/02)