

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

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90135 036 *****70.00

DOCUMENT # 769973

1. Entity Name

WESLEY CHAPEL FREE METHODIST CHURCH, INC.



Principal Place of Business

318 KINGS RD NO.
P.O. BOX 67
HILLIARD FL 32046

Mailing Address

318 KINGS RD NO.
P.O. BOX 67
HILLIARD FL 32046

2. Principal Place of Business

551821 US Hwy 1

3. Mailing Address

PO Box 67

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hilliard FL

City & State

Hilliard FL

Zip

32046

Country

USA

Zip

32046

Country

USA

4. FEI Number ~~50-2365354~~ Changed

85-0486715

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERRY, TREY

1025 ARCARO COURT W.
JACKSONVILLE FL 32046

7. Name and Address of New Registered Agent

Name

Larry D Bailey Jr

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

551817 US HWY 1

PO Box 67

City

Hilliard

FL

Zip Code

32046

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

Larry D Bailey Jr

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-4-03

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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	D	WHITLEY, MELVIN	<input type="checkbox"/> Delete
NAME		RT. 3, BOX 1580	
STREET ADDRESS		FOLKSTON GA	
CITY-ST-ZIP			
TITLE	D	GARVER, GARY	<input type="checkbox"/> Delete
NAME		642 MIDDLE ROAD	
STREET ADDRESS		CALLAHAN FL 32011	
CITY-ST-ZIP			
TITLE	D	BOTTONI, MEG 1	<input type="checkbox"/> Delete
NAME		1025 ARCARO CT W	
STREET ADDRESS		JACKSONVILLE FL 32218	
CITY-ST-ZIP			
TITLE	D	WHITEMORE, WILMA	<input type="checkbox"/> Delete
NAME		2 AZALEA DRIVE	
STREET ADDRESS		HILLIARD FL 32046	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	OFFICER	Larry D Bailey Jr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		551817 US HWY 1 / PO Box 67	
STREET ADDRESS		Hilliard, FL 32046	
CITY-ST-ZIP			
TITLE	D	GARVER, GARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		46174 Middle Rd	
STREET ADDRESS		CALLAHAN FL 32011	
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			
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:

Larry D Bailey Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-4-03

904-845-7302

Date

Daytime Phone #

CR2E037 (4/03)