

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 814702

1. Entity Name

WOMAN'S DIVISION OF THE BOARD OF GLOBAL MINISTRI

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90013 011 ****61.25

Principal Place of Business

METHODIST CHURCH
475 RIVERSIDE DRIVE, RM 1503
NEW YORK N Y 10115

Mailing Address

METHODIST CHURCH
475 RIVERSIDE DRIVE, RM 1503
NEW YORK N Y 10115

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-5565087

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

CRIST, MS. DOLLIE
100 CONCOURSE DR.
TEQUESTA FL 33458

Name

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

City

FL

Zip Code

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

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
After September 13, 2000 min. will be \$236.25

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 D ☐ Delete
NAME TEMMER, ALYCE C
STREET ADDRESS 125 W 83RD ST
CITY-ST-ZIP CHICAGO IL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SHINGLER, SARA
STREET ADDRESS 210 LAKEWOOD DR
CITY-ST-ZIP SPARTANBURG SC

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BLACKLOCK, GLORIA
STREET ADDRESS 41 RODAN DRIVE
CITY-ST-ZIP VERGENNES IL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BURCIAGA, LUCY P
STREET ADDRESS 2820 MOUNTAIN AVE
CITY-ST-ZIP EL PASO TX

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KELLS, CHRISTINE
STREET ADDRESS 20 MILLSTONE ROAD
CITY-ST-ZIP RANDALLSTOWN MD

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME TAKAMINE, CONNIE J.
STREET ADDRESS 475 RIVERSIDE DRIVE
CITY-ST-ZIP NEW YORK FL

TITLE ☐ Change ☐ 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

CONNIE J. TAKAMINE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/7/00 (212) 870-3740