

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90123 011 ****61.25

DOCUMENT # 814702

1. Entity Name

WOMAN'S DIVISION OF THE BOARD OF GLOBAL MINISTRIES OF THE UNITED METHODIST CHURCH

Principal Place of Business

Mailing Address

**METHODIST CHURCH
 475 RIVERSIDE DRIVE, RM 1503
 NEW YORK NY 10115**

**METHODIST CHURCH
 475 RIVERSIDE DRIVE, RM 1503
 NEW YORK NY 10115**

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

13-5565087

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

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 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	P	<input type="checkbox"/> Delete
NAME	BANK, GENIE	
STREET ADDRESS	6551 S LAKESHORE RD	
CITY-ST-ZIP	LEXINGTON MI 48450	
TITLE	S	<input type="checkbox"/> Delete
NAME	PARK, M S	
STREET ADDRESS	6021-1 HAZELTINE AVE	
CITY-ST-ZIP	VAN NUYS CA 91405-3227	
TITLE	VF	<input type="checkbox"/> Delete
NAME	CLINGENPEEL, MYRTLE	
STREET ADDRESS	8324 NW 35TH STREET	
CITY-ST-ZIP	BETHANY OK 73008	
TITLE	V	<input type="checkbox"/> Delete
NAME	BROWN, BRENDA	
STREET ADDRESS	1606 DOLPHIN DRIVE	
CITY-ST-ZIP	SPRING LAKE NC 28390	
TITLE	VMOD	<input type="checkbox"/> Delete
NAME	VOGLER, DIANE C	
STREET ADDRESS	7016 COMANCHE DRIVE	
CITY-ST-ZIP	NORTH LITTLE ROCK AR 72116	
TITLE	T	<input type="checkbox"/> Delete
NAME	TAKAMINE, CONNIE J.	
STREET ADDRESS	475 RIVERSIDE DRIVE	
CITY-ST-ZIP	NEW YORK FL	

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	
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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: *CONNIE J. TAKAMINE* **ORIGINAL REQUIRED**

7/10/02

212 870-3740

CR2E037 (4/02)