

2001 UNIFORM BUSINESS REPORT (UBR)

02-02-2001 90285 037 ****61.25

DOCUMENT # N00000001954

1. Entity Name

KENDRICK UNITED METHODIST CHURCH, INC.

FILED

01 APR -3 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2949 N W 63RD STREET
OCALA FL 34475

Mailing Address

KUMC
POST OFFICE BOX 6846
OCALA FL 34475

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address KUMC

PO Box 771524 Ocala, FL 34477-1524

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34477-1524

Country

U.S.A.

4. FEI Number

59-3491197

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FORD, LAWRENCE A. F.
2740 S W 17TH CIRCLE
OCALA FL 34474

7. Name and Address of New Registered Agent

Name

William A. Coe

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

5083 N.W. 19th Place

City

Ocala

FL

Zip Code

34482

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 William A. Coe William A. Coe - Treasurer

01-25-01

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

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 Pastor
NAME Lawrence A. F. Ford
STREET ADDRESS 2740 SW 17th Circle
CITY-ST-ZIP Ocala, FL 34474 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE T/C/M
NAME William A. Coe "T"
STREET ADDRESS 5083 N.W. 19th Place
CITY-ST-ZIP Ocala, FL 34482 ☐ Change ☒ Addition

TITLE C
NAME Patsy Yawn "T"
STREET ADDRESS 3205 N.E. 14th Ave.
CITY-ST-ZIP Ocala, FL 34470 ☐ Change ☒ Addition

TITLE S
NAME Virginia Stokes "T"
STREET ADDRESS 7050 N.W. 95th Avenue Rd.
CITY-ST-ZIP Ocala, FL 34475 ☐ Change ☒ Addition

TITLE P
NAME Rev. Kathryn I. Moore "T"
STREET ADDRESS 14027 N.E. 47th Ave.
CITY-ST-ZIP Anthony, FL 32617 ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: William A. Coe William A. Coe

01-25-01

(352) 629-2220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)