2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0000008091

1. Entity Name

PLANT CITY UNITED METHODISTS IN MISSION, INC.

Principal Place of Business			Mailing Address						
202 W REYNOLDS STREET. PLANT CITY FL 33556		802 W DR MLK JR BLVD PLANT CITY FL 33566							
			D. C. W.						
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FE! Number Applied For					
		City & State			59-3698345			ot Applicable	
Zip Country		Zip		intry	5. Certificate of Status Desired S8.75 Additional Fee Required				
	. 6. Name	and Address of Current I	Registered Agent			_7. Name and Add	ress of New Registered A		
			<u> </u>		Name				
TRINKLE, ROBERT S			Street Address		(P.O. Box Number is Not Acceptable)				
	DLLINS ST								
PLANT CI	ITY FL								
4				City			FL	Zip Cod	е
8. The above	e named entity	submits this statement for	the purpose of changing its	registere	ed office or regist	tered agent, or both, in	the state of Florida.		
SIGNATURE									
		or printed name of registered agent a	nd title if applicable. (NOTE	: Registered	d Agent signature requi	ired when reinstating)	DATE		
The state of	i i i i i i i i i i i i i i i i i i i								. 1.87
				9. Election Campaign Financing					
2. 7	FILE NOW:	FEE IS \$61.25	F		~ _	\$5.00 May Be	Make Check		
3 4 1	210	: FEE IS \$61.25	9. Election Can Trust Fund C		~ _	\$5.00 May Be Added to Fees	Make Check Departmen		
10.	FILE NOW:	OFFICERS AND DIR	Trust Fund C		~ _	Added to Fees		t of State	•
<u> </u>	860 D	OFFICERS AND DIR	Trust Fund C	Contributi	on.	Added to Fees	Departmen ES TO OFFICERS AND DIRI	t of State	•
10. TITLE NAME	D- WOOTEN,	OFFICERS AND DIR	Trust Fund C	Ontributi	on.	Added to Fees	Departmen ES TO OFFICERS AND DIRI	t of State) I 10
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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.

CITY-ST-ZIP

SIGNATURE:

PLANT CITY FL 33566

CITY-ST-7IP

SIGNATURE REQUIRED

Beld Musulalite 3/4/02

FILED

03-24-2002 90045 043 ****61.25

Mar 24, 2002 8:00 am Secretary of State