

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

FILED
May 15, 2003 8:00 am
Secretary of State

04-21-2003 90349 015 ****61.25

DOCUMENT # N00000008091

1. Entity Name

PLANT CITY UNITED METHODISTS IN MISSION, INC.



Principal Place of Business

**202 W REYNOLDS STREET
PLANT CITY FL 33556**

Mailing Address

**802 W DR MLK JR BLVD
PLANT CITY FL 33568**

55041136

2. Principal Place of Business

202 W. Reynolds St.

3. Mailing Address

104 N. Evers Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 202

City & State

Plant City, FL

City & State

Plant City, FL

4. FEI Number **59-3698345**

Applied For

Not Applicable

Zip **33563**

Country **U.S.**

Zip

33563-3300

Country **U.S.**

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

**TRINKLE, ROBERT S
121 N COLLINS ST
PLANT CITY FL**

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

FILE NOW: FEE IS \$61.25

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	<input checked="" type="checkbox"/> Delete
NAME	WOOTEN, PERRY	
STREET ADDRESS	303 N EVERS ST	
CITY-ST-ZIP	PLANT CITY FL 33568	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIRKWOOD, KEVIN	
STREET ADDRESS	303 N EVERS ST	
CITY-ST-ZIP	PLANT CITY FL 33568	
TITLE	S	<input type="checkbox"/> Delete
NAME	WALDEN, CHARLOTTE	
STREET ADDRESS	303 N EVERS ST	
CITY-ST-ZIP	PLANT CITY FL 33568	
TITLE	T	<input type="checkbox"/> Delete
NAME	WICKER, BILL	
STREET ADDRESS	303 N EVERS ST	
CITY-ST-ZIP	PLANT CITY FL 33568	
TITLE	P	<input type="checkbox"/> Delete
NAME	MUSSELWHITE, BILL	
STREET ADDRESS	303 N EVERS ST	
CITY-ST-ZIP	PLANT CITY FL 33568	
TITLE	V	<input type="checkbox"/> Delete
NAME	EDWARDS, BOB	
STREET ADDRESS	303 N EVERS ST	
CITY-ST-ZIP	PLANT CITY FL 33568	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kirkwood, Kevin	
STREET ADDRESS	303 N. Evers Street	
CITY-ST-ZIP	Plant City, FL 33563	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Walden, Charlotte	
STREET ADDRESS	303 N. Evers St.	
CITY-ST-ZIP	Plant City, FL 33563	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wicker, Bill	
STREET ADDRESS	303 N. Evers St.	
CITY-ST-ZIP	Plant City, FL 33563	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Musselwhite, Bill	
STREET ADDRESS	303 N. Evers St.	
CITY-ST-ZIP	Plant City, FL 33563	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edwards, Bob	
STREET ADDRESS	303 N. Evers St.	
CITY-ST-ZIP	Plant City, FL 33563	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Butcher, David	
STREET ADDRESS	303 N. Evers St.	
CITY-ST-ZIP	Plant City, FL 33563	

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: ✓

Signature and Typed or Printed Name of Signing Officer or Director
Signature: [Signature] President

Date

4/15/03

Daytime Phone #

CR2E037 (10/02)