

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

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90179 018 \*\*\*\*70.00

**DOCUMENT # N01000003454**

1. Entity Name  
**OSTEEN UNITED METHODIST CHURCH INC.**



Principal Place of Business

**179 CARPENTER AVE  
P.O. BOX 88  
OSTEEN FL 32764-0088**

Mailing Address

**179 CARPENTER AVE  
P.O. BOX 88  
OSTEEN FL 32764-0088**

**10010133**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-3011690**

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

**PETERMAN, JOANN  
106 3RD STREET  
ENTERPRISE FL 32725**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>D</b>	<b>BAUM, EARL</b>	<b>603 PELICAN LANE</b>	<b>OSTEEN FL 32764</b>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	<b>D</b>	<b>PARK, NORMA</b>	<b>715 WHIPPOORWILL</b>	<b>OSTEEN FL 32764</b>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	<b>D</b>	<b>PETERMAN, FRANCIS</b>	<b>1063RD STREET</b>	<b>ENTERPRISE FL 32725</b>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: *Francis Peterman* **FRANCIS PETERMAN** 1-20-03 396-668-6979

CR2E037 (10/02)