

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90010 015 ****61.25

DOCUMENT # N01000008735

1. Entity Name
BASCOM UNITED METHODIST CHURCH, INC.



Principal Place of Business
4942 BASSWOOD RD
BASCOM, FL 32423-9122

Mailing Address
PO BOX 67
BASCOM, FL 32423-9122

54010336



DO NOT WRITE IN THIS SPACE

01252004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-6610916

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALTER, JOHN
5298 HATCHER ROAD
BASCOM, FL 32423-9122

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	ALTER, JOHN
STREET ADDRESS	5298 HATCHER ROAD
CITY-ST-ZIP	BASCOM, FL 324239122
TITLE	SD
NAME	ALTER, ELIZABETH
STREET ADDRESS	5298 HATCHER ROAD
CITY-ST-ZIP	BASCOM, FL 324239122
TITLE	TD
NAME	HALL, GEORGE
STREET ADDRESS	POST OFFICE BOX 84
CITY-ST-ZIP	BASCOM, FL 32423
TITLE	D
NAME	HENSON, MELVIN JAMES CURRAD
STREET ADDRESS	POST OFFICE BOX 44 14
CITY-ST-ZIP	BASCOM, FL 32423
TITLE	D
NAME	POWELL, LAVERNE JOHN GRANT
STREET ADDRESS	8805 BUTLER ROAD 1032 WEST 12TH COURT
CITY-ST-ZIP	GRAND RIDGE, FL 32442
TITLE	
NAME	PANAMA CITY 32401
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

John W. Alter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/04 *850-569-2412*

Date

Daytime Phone

Attachment
Doc. # N 01000008735-
Officer/Director Name And Address

1/25/04 6:12 PM

CD
JOHN ALTER
5298 HATCHER ROAD
BASCOM, FL 324239122

54010336

SD
ELIZABETH ALTER
5298 HATCHER ROAD
BASCOM, FL 324239122

TD
GEORGE HALL
POST OFFICE BOX 84
BASCOM, FL 32423

D
MELVIN HENSON ~~JOHN CONRAD~~
POST OFFICE BOX 84 14
BASCOM, FL 32423

D
~~LAVERNE POWELL~~ JOHN GRANT
~~6903 BUTLER ROAD~~ 1032 WEST 12TH COURT
~~GRAND RIDGE, FL 32442 82401~~
PANAMA CITY

If all of the above information is correct and you do
not wish to make any changes, please select:

If you need to make changes to the
above information, please select:

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