

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

FILED
Feb 19, 2003 8:00 am
Secretary of State

02-19-2003 90164 039 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

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

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	CD	<input type="checkbox"/> Delete
NAME	ALTER, JOHN	
STREET ADDRESS	5298 HATCHER ROAD	
CITY-ST-ZIP	BASCOM FL 32423-9122	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ALTER, ELIZABETH	
STREET ADDRESS	5298 HATCHER ROAD	
CITY-ST-ZIP	BASCOM FL 32423-9122	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HALL, GEORGE	
STREET ADDRESS	POST OFFICE BOX 84	
CITY-ST-ZIP	BASCOM FL 32423	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENSON, MELVIN	
STREET ADDRESS	POST OFFICE BOX 84	
CITY-ST-ZIP	BASCOM FL 32423	
TITLE	D	<input type="checkbox"/> Delete
NAME	POWELL, LAVERNE	
STREET ADDRESS	6903 BUTLER ROAD	
CITY-ST-ZIP	GRAND RIDGE FL 32442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 FEB 03 850-869-2634

CR2E037 (10/02)