2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State
02-17-2002 90061 050 ****61.25

DOCUMENT # N01197

1. Entity Name

GEORGE YOUNG MEMORIAL UNITED METHODIST CHURCH, I NC.

B0026433

Principal Place of Business	Mailing Address
2801 E. LAKE RD. PALM HARBOR FL 34685-8819	2801 E. LAKE RD. PALM HARBOR FL 34685-8819

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2276646 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FREE, E. LEBRON
PARK PROFESSIONAL CENTER
2725 PARK DRIVE, SUITE 4
CLEARWATER FL 34623-8023

7. Name and Address of New Registered Agent

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.

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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DUNN, LEW 1209 HALIFAX CT TARPON SPRINGS FL 34689-7617	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Dunn, Joanne 1209 Halifax Ct. Tarpon Springs, FL 34688-7617	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PECK, RON 4650 AYLESFORD DR. PALM HARBOR FL 34685-4009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T McVeen, Suzan 2027 Shadow Walk Palm Harbor, FL 34685-2348	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LAFORME, ROBERT 1910 RIVEREDGE DR TARPON SPRINGS FL 34689	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Ward, William 3101 Phlox Dr Palm Harbor, FL 34684-3443	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WILSON, PAMELA 1252 CLAYS TRAIL OLDSMAR FL 34677-4865	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Norcia, Mike 3013 Arbor Oaks Dr. Tarpon Springs, FL 34689-6525	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SCHROCK, CLAIR 3368 PATTIE PLACE PALM HARBOR FL 34685	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Sparks, Ralph 2755 Curlew Rd. Lot 145 Palm Harbor, FL 34684-4827	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DINSMORE, LOIS 3210 LAKE PINE WAY E APT H-1 TARPON SPRINGS FL 34689	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Michels, Matt 3263 Tarpon Woods Blvd. Palm Harbor, FL 34685	☐ Change ☒ Addition

CR2E037 (9/01)

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: Ronald M. Peck 01/19/2002 727-789-0256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #