

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

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-05-2003 90066 021 ****61.25

DOCUMENT # N02000003607

1. Entity Name

ST MARK UNITED METHODIST CHURCH-CRESTVIEW, INC.



Principal Place of Business

**2250 P.J. ADAMS PKWY.
CRESTVIEW FL 32536**

Mailing Address

**2250 P.J. ADAMS PKWY.
CRESTVIEW FL 32536**

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

56-02-019296-55C

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BEARD, BILL
5625 APACHE RD.
CRESTVIEW FL 32536**

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. 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** ☐ Delete
NAME **RECINE, LES**
STREET ADDRESS **10 PONCE DE LEON RD.**
CITY-ST-ZIP **CRESTVIEW FL 32539**

TITLE **D** ☐ Delete
NAME **SWEET, WOODY**
STREET ADDRESS **5414 NORTHWOOD RD.**
CITY-ST-ZIP **CRESTVIEW FL 32539**

TITLE **D** ☐ Delete
NAME **LONG, STAN**
STREET ADDRESS **124 OAKCREST DR.**
CITY-ST-ZIP **CRESTVIEW FL 32539**

TITLE **D** ☐ Delete
NAME **BEARD, BILL**
STREET ADDRESS **5625 APACHE RD.**
CITY-ST-ZIP **CRESTVIEW FL 32536**

TITLE **D** ☐ Delete
NAME **ROHR, GARY**
STREET ADDRESS **875 WOODYARD RD.**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32535**

TITLE **D** ☐ Delete
NAME **LONG, SUZANNE**
STREET ADDRESS **124 OAKCREST DR.**
CITY-ST-ZIP **CRESTVIEW FL 32539**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CHAIRMAN** ☒ Change ☐ Addition
NAME **RACINE, LES**
STREET ADDRESS **10 PONCE DE LEON RD**
CITY-ST-ZIP **CRESTVIEW FL 32539**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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

1 MARCH 03 850 682-5280

Date

Daytime Phone #

CR2E037 (10/02)