

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 01, 2000 8:00 am
Secretary of State

06-01-2000 90003 048 ****61.25

DOCUMENT # N08774

1. Entity Name

UNITED METHODIST CHURCH OF PARRISH, INC.

Principal Place of Business

Mailing Address

12180 US HWY 301
 P.O. BOX 375
 PARRISH FL 34219

12140 69TH STREET E.
 P.O. BOX 375
 PARRISH FL 34219-0375

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

59-2384853

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMILTON, JOHN L
 4311 36TH AVE E.
 PALMETTO FL 34221

TERRY

Name

TERRY L CARY

Street Address (P.O. Box Number is Not Acceptable)

5509 79TH AVE E

City

PALMETTO

FL

Zip Code

34221

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

Terry L Cary

(NOTE: Registered Agent signature required when reinstating)

4/27/00

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	ST	<input checked="" type="checkbox"/> Delete
NAME	COOPER, KATHY	
STREET ADDRESS	P O BOX 483 N/A	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE	T	<input type="checkbox"/> Delete
NAME	DAVIDSON, JOHN	
STREET ADDRESS	3108 107TH ST E	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DAKIN, JERRY	
STREET ADDRESS	13115 65TH ST E	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	WALKER, KATHY	
STREET ADDRESS	7326 SPENCER PARRISH RD	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DAVIDSON, JOHN	
STREET ADDRESS	3108 107TH ST E	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	CT	<input checked="" type="checkbox"/> Delete
NAME	RANSFORD, ROBERT	
STREET ADDRESS	9927 CAPE HAZE CIRCLE	
CITY-ST-ZIP	PARRISH FL 34219	

TITLE	CT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERRY L CARY	
STREET ADDRESS	5509 79TH AVE E	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN HAMILTON	
STREET ADDRESS	4311 36TH AVE E	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDA PARRISH	
STREET ADDRESS	12735 CR 675	
CITY-ST-ZIP	PARRISH, FL 34219	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JERRY SPRADY	
STREET ADDRESS	12570 CR 675	
CITY-ST-ZIP	PARRISH, FL 34219	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEBBY HAMPTON	
STREET ADDRESS	8201 WOODLAWN CIR S	
CITY-ST-ZIP	PALMETTO, FL 34221	

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 of Robert Ransford

4/27/00

941-776-0111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)