

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 90715 019 \*\*\*\*61.25

**DOCUMENT # N08774**

1. Entity Name

**UNITED METHODIST CHURCH OF PARRISH, INC.**

Principal Place of Business

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

Mailing Address

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

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

~~CARY, TERRY L.~~  
**5509 -79TH AVE E.**  
**PALMETTO FL 34221**

7. Name and Address of New Registered Agent

Name  
**BONNIE L. CARY**  
 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 Bonnie L. Cary DATE 5/18/02  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	CT	<input checked="" type="checkbox"/> Delete
NAME	CARY, TERRY L	
STREET ADDRESS	5509 -79TH AVE E	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE		<input checked="" type="checkbox"/> Delete
NAME	DAVIDSON, JOHN	
STREET ADDRESS	3108 107TH ST E	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE		<input type="checkbox"/> Delete
NAME	MACBAUGH, BOB	
STREET ADDRESS	3907 SUNSET DR	
CITY-ST-ZIP	ELLENTON FL 34222	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PARRISH, LINDA	
STREET ADDRESS	12735 CR 675	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE		<input type="checkbox"/> Delete
NAME	BRADY, JERRY	
STREET ADDRESS	12510 CR 675	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE		<input checked="" type="checkbox"/> Delete
NAME	WESTFALL, LISA	
STREET ADDRESS	5746 6TH ST S.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SARA HORNSBY	
STREET ADDRESS	2908 COUNTRY RIVER DR.	
CITY-ST-ZIP	PARRISH, FL 34219	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS CRAMER	
STREET ADDRESS	4301 LIME QUART DR.	
CITY-ST-ZIP	WILMAUMA FL 33598-4513	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CT	<input checked="" 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	CLIFF MONK	
STREET ADDRESS	15120 CR 675	
CITY-ST-ZIP	PARRISH, FL 34219	

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 DATE 5-6-2002 DAYTIME PHONE # 776-1747  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)