

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90064 038 ****61.25

DOCUMENT # N10325

1. Entity Name

GULF COVE UNITED METHODIST CHURCH, INC.

Principal Place of Business

Mailing Address

1100 MCCALL RD
 PT CHARLOTTE FL 33981
 US

1100 MCCALL RD
 PT CHARLOTTE FL 33981-2538
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2450154

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

WINTERROSE, TOM
13770 PALMETTO POINT CT
PORT CHARLOTTE FL 33953

Name

Dick Peters

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

12366 Quinlan

City

Port Charlotte

FL

Zip Code

33981

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

Dick Peters

2-17-00

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

TITILE Delete
 NAME **PETERS, DICK**
 STREET ADDRESS **12366 QUINLAN**
 CITY-ST-ZIP **PT CHARLOTTE FL 33981**

TITILE Change Addition
 NAME **V Randy Moore**
 STREET ADDRESS **5584 Gillot Blvd.**
 CITY-ST-ZIP **Port Charlotte, FL 33981**

TITILE Delete
 NAME **P DILLON, DONNA**
 STREET ADDRESS **9397 SAN BERNADION AVE**
 CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITILE Change Addition
 NAME **S Wade Sours**
 STREET ADDRESS **1100 Muscovie Ct.**
 CITY-ST-ZIP **Punta Gorda, FL 33950**

TITILE Delete
 NAME **T FINNERTY, BRIAN**
 STREET ADDRESS **5329 RILEY LN**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33981**

TITILE Change Addition
 NAME **T John Mills**
 STREET ADDRESS **7084 Sea Mist Drive**
 CITY-ST-ZIP **Port Charlotte, FL 33981**

TITILE Delete
 NAME **T MCKINZIE, PAT**
 STREET ADDRESS **1235 OXFORD DRIVE S**
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITILE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITILE Delete
 NAME **T CAROLE, DAVID**
 STREET ADDRESS **13390 BRONZE AVE**
 CITY-ST-ZIP **PT CHARLOTTE FL 33981**

TITILE Change Addition
 NAME **T Virginia Hardy**
 STREET ADDRESS **2101 Arkansas**
 CITY-ST-ZIP **Englewood, FL 34224**

TITILE Delete
 NAME **T WOMERSLY, GLADYS**
 STREET ADDRESS **10145 POET PLACE**
 CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITILE 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: *Dick Peters*

2-17-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)