

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 17, 2001 08:00 AM
Secretary of State

DOCUMENT # N10325

1. Entity Name
GULF COVE UNITED METHODIST CHURCH, INC.

Principal Place of Business 1100 MCCALL RD PT CHARLOTTE 33981 FL US	Mailing Address 1100 MCCALL RD PT CHARLOTTE 33981 FL US
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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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
PETERS DICK
 12366 QUINLAN
 PORT CHARLOTTE FL 33953 US

7. Name and Address of New Registered Agent
 Name **MOORE RANDY**
 Street Address (P.O. Box Number is Not Acceptable)
 5584 GILLOT BLVD.
 City **PORT CHARLOTTE** FL Zip Code **33953**

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 **RANDY MOORE** DATE **01/17/2001**
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOMERSLY GLADYS 10145 POET PLACE ENGLEWOOD FL 34224 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARDY VIRGINIA 2101 ARKANSAS ENGLEWOOD FL 34224 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCKINZIE PAT 1235 OXFORD DRIVE S ENGLEWOOD FL 34223 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLS JOHN 7084 SEA MIST DRIVE PORT CHARLOTTE FL 33981 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WADE SOURS 1100 MUSCOVIE CT PUNTA GORDA FL 33950 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOORE RANDY 5584 GILLOT BLVD PT CHARLOTTE FL 33981 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEENROD DICK 2217 OLEADA COURT ENGLEWOOD FL 34224 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHROUT RIP 14444 NEWCOMB ROAD PORT CHARLOTTE FL 33953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VIRGINA HARDY 2101 ARKANSAS ENGLEWOOD FL 34224 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SOURS WADE 1100 MUSCOVIE CT. PUNTA GORDA FL 33950 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **RANDY MOORE** MR 01/17/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)