

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N10325

FILED
Mar 25, 2003
Secretary of State

Entity Name: GULF COVE UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

1100 MCCALL RD
PT CHARLOTTE, FL 33981 US

New Principal Place of Business:

Current Mailing Address:

1100 MCCALL RD
PT CHARLOTTE, FL 33981 US

New Mailing Address:

FEI Number: 59-2450154 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, RANDY
5584 GILLOT BLVD.
PORT CHARLOTTE, FL 33953 US

Name and Address of New Registered Agent:

SHOUT, RIP
14444 NEWCOMB ROAD
PORT CHARLOTTE, FL 33953 US

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: RIP SHOUT

03/25/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: SOURS, WADE
Address: 1100 MUSCOVIE CT.
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: S () Delete
Name: VIRGINA, HARDY
Address: 2101 ARKANSAS
City-St-Zip: ENGLEWOOD, FL 34224

Title: T () Delete
Name: SHROUT, RIP
Address: 14444 NEWCOMB ROAD
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: T () Delete
Name: HORSEMAN, HONALD
Address: 15434 VISCOUNT CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: T () Delete
Name: STEENROD, DICK
Address: 2217 OLEADA COURT
City-St-Zip: ENGLEWOOD, FL 34224

Title: T () Delete
Name: MILLS, JOHN
Address: 7084 SEA MIST DRIVE
City-St-Zip: PORT CHALOTTE, FL 33981

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: JOHN, MILLS
Address: 7084 SEA MIST DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33981 US

Title: S (X) Change () Addition
Name: ART, GARAFOLO
Address: 4192 HOLBEIN STREET
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: T (X) Change () Addition
Name: GERRI, MCCARTHY
Address: 5379 EVEREST TERR
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: WADE, SOURS
Address: 100 MUSCOVIE CT.
City-St-Zip: PUNTA GORDA, FL 33950

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RIP SHROUT

P

03/25/2003

Electronic Signature of Signing Officer or Director

Date