

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14860

1. Entity Name

ST. JOHN UNITED METHODIST CHURCH OF SEBRING, INC

Principal Place of Business

Mailing Address

**3214 GRAND PRIX DRIVE
SEBRING FL 33872**

**3214 GRAND PRIX DRIVE
SEBRING FL 33872-2974**

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

59-6187061

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

**LENIHAN, THOMAS W.
1725 KAREN BLVD.
SEBRING FL 33870**

Name

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 _____

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

TITLE	D	<input type="checkbox"/> Delete
NAME	LOWNSDALE, JACK	
STREET ADDRESS	5123 LAKEWOOD ROAD	
CITY-ST-ZIP	SEBRING IL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, DEAN	
STREET ADDRESS	3214 GRAND PRIX DR	
CITY-ST-ZIP	SEBRING FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	TURNER, JANICE	
STREET ADDRESS	3214 GRAND PRIX DR	
CITY-ST-ZIP	SEBRING FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SPENCER, MYRNA	
STREET ADDRESS	1541 FARM ROAD	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Betty Lane	
STREET ADDRESS	2147 Banning Tree Circle	
CITY-ST-ZIP	Sebring FL 33872	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Myrna Spencer* **REQUIRED SIGNATURE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00
Date

(863) 386-6579
Daytime Phone #

CR2E037 (9/99)