

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91305 019 *****61.25

DOCUMENT # N15389

1. Entity Name

FRIENDSHIP MENNONITE CHURCH, INC.



Principal Place of Business

**5420 ASHTON RD
SARASOTA FL 34238
US**

Mailing Address

**5420 ASHTON RD
SARASOTA FL 34238
US**

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 **05-0665500**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MILLER, MELVIN R.
262 PARKLAND AVENUE
SARASOTA FL 34232**

7. Name and Address of New Registered Agent

Name **Jacob Weaver**

Street Address (P.O. Box Number is Not Acceptable)
1217 Hines Ave

City **SARASOTA**

FL

Zip Code
34239

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Melvin R. Miller
Melvin R. Miller

2/8/03
2/8/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **T** ☒ Delete
NAME **BARKMAN, WILLIAM**
STREET ADDRESS **1003 HIMES AVE**
CITY-ST-ZIP **SARASOTA FL 34230**

TITLE **VD** ☒ Delete
NAME **MILLER, MELVIN**
STREET ADDRESS **262 PARKLAND AVE.**
CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☒ Delete
NAME **KNEPP, JAMES**
STREET ADDRESS **3532 BAHIA VISTA**
CITY-ST-ZIP **SARASOTA FL 34230**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T/S** ☐ Change ☒ Addition
NAME **Jacob Weaver**
STREET ADDRESS **1217 HINES AVE**
CITY-ST-ZIP **SARASOTA, FL 34239**

TITLE **C** ☐ Change ☒ Addition
NAME **Daniel L. Hostetler**
STREET ADDRESS **6320 RICHARDSON ROAD**
CITY-ST-ZIP **SARASOTA, FL 34240**

TITLE **T** ☒ Change ☐ Addition
NAME **Melvin Miller**
STREET ADDRESS **262 Parkland Ave**
CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

Jacob Weaver
Jacob Weaver

2/8/03 941-928-7574
2/8/03 941-928-7574

CR2E037 (10/02)