

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19747

1. Entity Name

ALDERSGATE UNITED METHODIST CHURCH OF PALM CITY,

Principal Place of Business

5200 SW MARTIN HWY
PALM CITY FL 34990
US

Mailing Address

5200 SW MARTIN HWY
PALM CITY FL 34990-5531
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

05-4442215

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

NELSON, RON
5502 SW SUNSHINE FARMS WAY
PALM CITY FL 34990

Name DARIN VANATER

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

1280 SW Covered Bridge Rd

City Palm City

FL

Zip Code 34990

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

Darin Vanater

ADMINISTRATIVE COUNCIL - CHAIR 1/11/00

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

TITLE C ☐ Delete
NAME NELSON, RON
STREET ADDRESS 5502 SW SUNSHINE FARMS
CITY-ST-ZIP PALM CITY FL

TITLE C ☒ Change ☐ Addition
NAME DARIN VANATER
STREET ADDRESS 1280 SW COVERED BRIDGE RD
CITY-ST-ZIP PALM CITY, FL 34990

TITLE T ☐ Delete
NAME CAREY, WILLIAM
STREET ADDRESS 810 SW BITTERN ST
CITY-ST-ZIP PALM CITY FL

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

TITLE D ☐ Delete
NAME COLACINO, DON
STREET ADDRESS 4794 S.E. COMPASS WAY
CITY-ST-ZIP STUART FL

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

TITLE D ☐ Delete
NAME CUD, ANTHONY
STREET ADDRESS 2714 SW MONARCH TRAIL
CITY-ST-ZIP STUART FL

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

TITLE D ☐ Delete
NAME BOYD, TOM
STREET ADDRESS 3089 SW MONTEBELLO PLACE
CITY-ST-ZIP PALM CITY FL

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

TITLE ☐ Delete
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/00

561-288-4502



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)