

2001 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
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

VANATER, DARIN
1280 SW COVERED BRIDGE RD
PALM CITY FL 34990

7. Name and Address of New Registered Agent

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 \$61.259. 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
C
VANATER, DARIN
1208 SW COVERED BRIDGE RD
PALM CITY FL 34990 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
CAREY, WILLIAM
810 SW BITTERN ST
PALM CITY FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COLACINO, DON
4794 S.E. COMPASS WAY
STUART FL ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CUDA, ANTHONY
2714 SW MONARCH TRAIL
STUART FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BOYD, TOM
3089 SW MONTEBELLO PLACE
PALM CITY FL ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Dawson, Nancy
P.O. Box 144
Palm City, FL 34991 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Moore, Cliff
2747 SW Pontiac Place
Stuart, FL 34997 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 #

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90025 014 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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