

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90006 044 ****61.25

DOCUMENT # N19747

1. Entity Name

ALDRSGATE UNITED METHODIST CHURCH OF PALM CITY, INC.

Principal Place of Business

Mailing Address

**5200 SW MARTIN HWY
PALM CITY FL 34990
US**

**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

7. Name and Address of New Registered Agent

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

Name
CONNELL, SANDRA
Street Address (P.O. Box Number is Not Acceptable)

804 OCEAN DR. Rd.
City **STUART** FL Zip Code **34996**

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

Sandra A. Connell
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/02

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 NAME STREET ADDRESS CITY-ST-ZIP	C VANATER, DARIN 1208 SW COVERED BRIDGE RD PALM CITY FL 34990	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAREY, WILLIAM 810 SW BITTERN ST PALM CITY FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAWSON, NANCY P O BOX 144 PALM CITY FL 34990	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUDA, ANTHONY 2714 SW MONARCH TRAIL STUART FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, CLIFF 2747 SW PONTIAC PLACE STUART FL 34997	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CONNELL, SANDRA 804 OCEAN DR. STUART, FL 34996	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T JOHN ESSENVINE 2591 S.W. ESTELLA TER. PALM CITY, FL 34990	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NANCY BRUNS 2442 S.W. RACQUET CLUB DR. PALM CITY, FL 34990	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONK BOTT 14613 S.W. RAKE DR. INDIAN TOWN, FL 34956	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAREN MORRISSETTE 1973 S.W. CAPRI ST. PALM CITY, FL 34990	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEIGH CHAPPELL 23392 S.W. MARTIN HWY. OKEECHOBEE, FL 34974	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

Attachment
Doc#N19747

308607

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 continued

TITLE	D	<input checked="" type="checkbox"/> Change	Addition
NAME	Ed Strom		
STREET ADDRESS	2027 S. W. Stratford Way		
CITY-STATE-ZIP	Palm City, FL 34990		