

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90315 043 ****61.25

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DOCUMENT # N20520

1. Entity Name

ST. JAMES UNITED METHODIST CHURCH, INC.

Principal Place of Business

Mailing Address

**400 REID STREET
 PALATKA FL 32177-3734**

**400 REID STREET
 PALATKA FL 32177-3734**

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

59-0760225

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

**SURINO, RIC
 101 REBECCA LANE
 PALATKA FL 32177**

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	☒ CHANGE ☐ Delete
NAME	FLANDERS, JOE	
STREET ADDRESS	158 EAST RIVER ROAD	
CITY-ST-ZIP	EAST PALATKA FL 32131	
TITLE	S	☐ Delete
NAME	HIRSCHMAN, HENRY	
STREET ADDRESS	126 HERJA ACRE LANE	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	PC	☐ Delete
NAME	SURINO, RIC	
STREET ADDRESS	101 REBECCA LANE	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	D	☒ Delete
NAME	HANSFORD, DON	
STREET ADDRESS	126 LEYDA BLVD	
CITY-ST-ZIP	E. PALATKA FL 32131	
TITLE	D	☐ Delete
NAME	HUDSON, LUCY	
STREET ADDRESS	123 RIVEREDGE DR.	
CITY-ST-ZIP	E PALATKA FL 32131	
TITLE	D	☐ Delete
NAME	HODGE, GLADYS	
STREET ADDRESS	1505 CARR ST	
CITY-ST-ZIP	PALATKA FL 32177	

TITLE	D	☐ Change ☒ Addition
NAME	MIKE FLANDERS	
STREET ADDRESS	470 207A	
CITY-ST-ZIP	EAST PALATKA, FL. 32031	
TITLE	D	☐ Change ☒ Addition
NAME	JUDY B. TORODE	
STREET ADDRESS	P.O. Box 801	
CITY-ST-ZIP	PALATKA, FL. 32178	
TITLE	D	☐ Change ☒ Addition
NAME	NORMAN MORRIS	
STREET ADDRESS	117 SUNSET POINT RD.	
CITY-ST-ZIP	EAST PALATKA, FL. 32131	
TITLE	D	☐ Change ☒ Addition
NAME	TOM TUTTLE	
STREET ADDRESS	144 CYPRESS POINT CIR.	
CITY-ST-ZIP	EAST PALATKA, FL. 32131	
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/02 (386) 328-1461

Date

Daytime Phone #

CR2E037 (9/01)