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

4/25

FILED
May 27, 2003 8:00 am
Secretary of State
04-25-2003 90200 042 ****61.25

DOCUMENT # N36314

1. Entity Name
UNITED METHODIST MEN OF GULF COVE, INC.

Principal Place of Business	Mailing Address
1100 MCCALL RD PT CHARLOTTE FL 33981 US	1100 MCCALL RD PT CHARLOTTE FL 33981 US

☐ CHECK HERE IF MAKING CHANGES

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 65-0256388 ☐ 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
TENDAM, HAROLD 9372 ARNAZ CIR PT CHARLOTTE FL 33981	Name JOHN H MILLS Street Address (P.O. Box Number is Not Acceptable) 7084 SEA MIST DRIVE City PORT CHARLOTTE FL Zip Code 33981

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 John H Mills 4/15/03
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT TENDAM, HAROLD 9372 ARNAZ CIRCLE PT CHARLOTTE FL	☑ Delete	TITLE P D NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT TERRY TENBRINK 11450 LAFFITE PLACE PORT CHARLOTTE, FL 33981	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS RANDALL, MOORE 5884 BLVD NORTH PORT FL 34287	☑ Delete	TITLE T NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT AL MOULTON 477 ROTONDA CIRCLE ROTONDA WEST, FL 33947	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SHROUT, RIP 14444 NEWCOMB RD PORT CHARLOTTE FL 33953	☑ Delete	TITLE T NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JOHN H MILLS 7084 SEA MIST DRIVE PORT CHARLOTTE FL 33981	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DAT PETERS, RICHARD 12366 QUINLAN AVE PT CHARLOTTE FL 33981	☑ Delete	TITLE T NAME STREET ADDRESS CITY-ST-ZIP	TREASURER TOM JAMISON 9 BUNKER WAY ROTONDA WEST, FL 33947	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV JOHNSON, EUGENE 3737 EL JOBERN RD PORT CHARLOTTE FL 33953	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: John H Mills REQUIRED 4/15/03 941 474 8805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #