2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
04-11-2001 90057 018 ****61.25

DOCUMENT # N39651

1. Entity Name

BEAR LAKE UNITED METHODIST CHURCH, INC.

Principal Place of Business	Mailing Address
1010 BEAR LAKE RD. APOPKA FL 32703	1010 BEAR LAKE RD. APOPKA FL 32703

600028233

DO NOT WRITE IN THIS SPACE

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 59-2375256 ☐ 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
GOLDSTEIN, ART 1010 BEAR LAKE ROAD APOPKA FL 32703	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	DP	☑ Delete	TITLE	☐ Change ☐ Addition
NAME	SIDDEN, GEO		NAME	
STREET ADDRESS	3519 JAMISON DR		STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703		CITY-ST-ZIP	
TITLE	DT	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ROSE, CLAUDE		NAME	
STREET ADDRESS	5351 HILLOCK WAY		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32810		CITY-ST-ZIP	
TITLE	DS	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CHILDERS, VONCILLE		NAME	
STREET ADDRESS	2810 SUNSET RD		STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HERNER, DONNA		NAME	
STREET ADDRESS	551 MICHIGAN AVE		STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RIMMER, ~~KETCH~~ KEITH		NAME	
STREET ADDRESS	207 LAKE JEAN DR		STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779		CITY-ST-ZIP	
TITLE	D, ANNA BRANUM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	1124 BRANTLEY ESTATES Dr		NAME	
STREET ADDRESS	ALTAMONTE SP FL 32714		STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E037 (10/00)

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] 1-8-01 407-862-1031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #