2002 UNIFORM BUSINESS REPORT (UBR)

2.

FILED
May 29, 2002 8:00 am
Secretary of State
02-27-2002 90024 014 ****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

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

~~GOLDSTEIN, ART~~
1010 BEAR LAKE ROAD
APOPKA FL 32703

7. Name and Address of New Registered Agent

Name: Keith Rimmer
Street Address (P.O. Box Number Is Not Acceptable): 1010 Bear Lake Rd.
City: Apopka FL Zip Code: 32703

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: Keith Rimmer
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Officer BRANUM, DIANNA 1124 BRANTLEY ESTATE DRIVE ALTAMONTE SPRINGS FL 32714	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Officer ROSE, CLAUDE 5351 HILLOCK WAY ORLANDO FL 32810	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Officer
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS ~~Asst S~~ CHILDERS, VONCILLE 2810 SUNSET RD APOPKA FL 32703	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☑ Addition Riker, Pat 5475 Cinderlane Pkwy. Orlando, FL 32808
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEPNER, DONNA 551 MICHIGAN AVE ALTAMONTE SPRINGS FL 32714	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition Heebner, Donna Officer 551 Michigan Ave. Altamonte Springs, FL 32714
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director RIMMER, ~~KEITH~~ KEITH GENE 207 LAKE ~~JEAN~~ DR LONGWOOD FL 32779	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Officer ☐ Change ☑ Addition Kerr, Doug 25343 Flossmoor St. Mt. Plymouth, FL 32776
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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

2-13-02
Date

407-862-1531
Daytime Phone #