

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45300

1. Entity Name

PINE CREEK CHAPEL MENNONITE CHURCH, INC.

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90134 023 \*\*\*\*61.25

Principal Place of Business

1269 S.W. PINE CHAPEL DR.  
ARCADIA FL 34266  
US

Mailing Address

1267 S.W. PINE CHAPEL DR.  
ARCADIA FL 34266-5400  
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

65-0219008

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

SHARP, DENNIS  
2902 SW HWY. 17  
ARCADIA FL 33821

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 PD  
NAME HENDERSON, ROBERT  
STREET ADDRESS 1127 S.W. EUCALYPTUS AVENUE  
CITY-ST-ZIP ARCADIA FL 34266 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD  
NAME JOHNSON, AUGUSTUS D II  
STREET ADDRESS 5789 TAYLOR AVENUE  
CITY-ST-ZIP ARCADIA FL 34266 ☒ Delete

TITLE VD  
NAME Copeland, Lester  
STREET ADDRESS 1077 S.W. Pine Chapel Dr.  
CITY-ST-ZIP Arcadia, FL 34266 ☒ Change ☐ Addition

TITLE SD  
NAME JOHNSON II, AUGUSTUS DAN  
STREET ADDRESS 4789 SE TAYLOR AVE  
CITY-ST-ZIP ARCADIA FL 34266 ☒ Delete

TITLE SD  
NAME Owen, Retha  
STREET ADDRESS 11716 S.W. Pine Ave.  
CITY-ST-ZIP Arcadia, FL 34266 ☒ Change ☐ Addition

TITLE D  
NAME KAUFMAN, CAROL  
STREET ADDRESS 2034 NW GARVIN AVE  
CITY-ST-ZIP ARCADIA FL ☒ Delete

TITLE D  
NAME Shultz, Tim  
STREET ADDRESS 3443 N.E. Appaloosa St.  
CITY-ST-ZIP Arcadia, FL 34266 ☒ Change ☐ Addition

TITLE TD  
NAME DIETRICH, WILLIAM  
STREET ADDRESS 616 NORTH MONROE AVENUE  
CITY-ST-ZIP ARCADIA FL 34266 ☐ 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

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:

*William Dietrich*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/00

863-993-4403  
Daytime Phone #

CR2E037 (9/99)