

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90020 046 \*\*\*\*61.25

**DOCUMENT # N45300**

1. Entity Name

**PINE CREEK CHAPEL MENNONITE CHURCH, INC.**

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  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; 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	<input checked="" type="checkbox"/> Delete
NAME	HENDERSON, ROBERT	
STREET ADDRESS	1127 S.W. EUCALYPTUS AVENUE	
CITY-ST-ZIP	ARCADIA FL 34266	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Copeland, Lester	
STREET ADDRESS	1077 S.W. Pine Chapel Dr.	
CITY-ST-ZIP	Arcadia, FL 34266	

TITLE	VD	<input type="checkbox"/> Delete
NAME	COPELAND, LESTER	
STREET ADDRESS	1077 SW PINE CHAPEL	
CITY-ST-ZIP	ARCADIA FL 34266	

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kniss, Esther	
STREET ADDRESS	4454 N.W. Dunn Dr.	
CITY-ST-ZIP	Arcadia, FL 34266	

TITLE	SD	<input type="checkbox"/> Delete
NAME	OWEN, RATHA	
STREET ADDRESS	11716 SW PINE AVE	
CITY-ST-ZIP	ARCADIA FL 34266	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	(same)	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	SHULTZ, TIM	
STREET ADDRESS	3443 NE APPALOOSA ST	
CITY-ST-ZIP	ARCADIA FL 34266	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	(same)	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Delete
NAME	DIETRICH, WILLIAM	
STREET ADDRESS	616 NORTH MONROE AVENUE	
CITY-ST-ZIP	ARCADIA FL 34266	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	(same)	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 DIRECTOR2/12/01 (863)993-4403  
Date Daytime Phone #

CR2E037 (10/00)