

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45910

1. Entity Name

EBENEZER UNITED METHODIST CHURCH OF ORLANDO, INC

Principal Place of Business

Mailing Address

1019 S. GOLDWYN AVENUE
ORLANDO FL 32805-4305

1019 S. GOLDWYN AVENUE
ORLANDO FL 32805-4305

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

59-3011754

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

BRIGHT, RUDOLPH
3491 COLWYN COURT
ORLANDO FL 32812

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

9. Election Campaign Financing
Trust Fund Contribution.

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\$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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PD	SCOTT, WILLIE	1406 WILTON AVENUE ORLANDO FL 32805	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	VCD	JACKSON, DORIS	6100 HOLIDAY HILL LANE ORLANDO FL 32805	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	TD	JOHNSON, KIM	456 COTTAGE HILL ROAD ORLANDO FL 32805	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	DT	BRIGHT, RANDOLPH	3491 COLWYN COURT ORLANDO FL 32812	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (4/02)

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: *[Signature]* **NOT REQUIRED**

7/28/02

407-896-3860

FILED
Aug 18, 2002 8:00 am
Secretary of State

08-18-2002 90140 019 ****61.25



DO NOT WRITE IN THIS SPACE