

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
 05-29-2002 90709 008 ****61.25

DOCUMENT # N46154

1. Entity Name

SUMMIT PARK UNITED METHODIST CHURCH, INC.

Principal Place of Business

Mailing Address

**SUMMIT PARK UNITED METHODIST CHURCH
 3300 SUMMIT BLVD
 PENSACOLA FL 32503
 US**

**3300 SUMMIT BLVD
 PENSACOLA FL 32503**

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

NOT APPLICABLE

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

**GREENE, JAMES S &
 6304 LONG ST
 PENSACOLA FL 32504**

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

James Greene Sr.
TRUSTEE Chairman

(NOTE: Registered Agent signature required when re-registering)

James Graham 2-8-02
TRUSTEE Chairman

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 **TC** ☐ Delete
 NAME **GREEN, JAMES**
 STREET ADDRESS **6304 LONG ST**
 CITY-ST-ZIP **PENSACOLA FL 32504**

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

TITLE **T** ☐ Delete
 NAME **GRAHAM, BOB**
 STREET ADDRESS **1202 CHISHOLM TRAIL**
 CITY-ST-ZIP **PENSACOLA FL 32514**

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

TITLE **T** ☐ Delete
 NAME **WEEKS, PEGGY**
 STREET ADDRESS **3240 ROTHCHILD DRIVE**
 CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE ☐ Change ☐ Addition
 NAME **TENZOR, DEE**
 STREET ADDRESS **4111 MCLELLAN**
 CITY-ST-ZIP **PENSACOLA, FL 32503**

TITLE **T** ☐ Delete
 NAME **HARRISON, EARL**
 STREET ADDRESS **201 WILDFLOWER LANE**
 CITY-ST-ZIP **PENSACOLA FL 32514**

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

TITLE **T** ☐ Delete
 NAME **HAYS, HERBERT**
 STREET ADDRESS **9 WEST DESOTO STREET**
 CITY-ST-ZIP **PENSACOLA FL 32501**

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

TITLE **T** ☐ Delete
 NAME **RAY, CHERYL**
 STREET ADDRESS **10394 OLD DAIRY LANE**
 CITY-ST-ZIP **PENSACOLA FL 32534**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 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:

James Greene Sr.
JAMES GREENE 2-8-02 850-477-2877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)