

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48663

1. Entity Name

CHRIST UNITED METHODIST CHURCH OF SANFORD, INC.

Principal Place of Business

Mailing Address

408 TUCKER DR.
SANFORD FL 32773

408 TUCKER DR.
SANFORD FL 32773-6256

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

59-3136700

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAISER, PATRICIA J
145 WOOD RIDGE TRAIL
SANFORD FL 32771

7. Name and Address of New Registered Agent

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

Patricia J. Kaiser

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Patricia J. Kaiser

01-05-2000

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

TITLE	CD	☐ Delete
NAME	SHEARER, ELLEN	
STREET ADDRESS	603 BAYWOOD DRIVE	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	PD	☒ Delete
NAME	STENSROM, J. LEE	
STREET ADDRESS	100 DUBLIN DRIVE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	CD	☐ Delete
NAME	APRAGUE, PATRICIA	
STREET ADDRESS	109 WAITS DR	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	CD	☐ Delete
NAME	KAISER, PATRICIA	
STREET ADDRESS	145 WOODRIDGE TRAIL	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	VTD	☒ Delete
NAME	SPRAGUE, PAT	
STREET ADDRESS	109 WAITS DRIVE	
CITY-ST-ZIP	SANFORD FL	
TITLE	SD	☐ Delete
NAME	JOHNSON, HAZEL	
STREET ADDRESS	407 TUCKER DR	
CITY-ST-ZIP	SANFORD FL 32773	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	☐ Change ☐ Addition
NAME	Shearer, Ellen	
STREET ADDRESS	603 Baywood Drive	
CITY-ST-ZIP	Sanford, FL 32773	
TITLE	T/D	☐ Change ☐ Addition
NAME	Lynch, Steve	
STREET ADDRESS	218 Pine Winds Drive	
CITY-ST-ZIP	Sanford, FL 32773	
TITLE	P/D	☐ Change ☐ Addition
NAME	Sprague, Patricia	
STREET ADDRESS	109 Waits Drive	
CITY-ST-ZIP	Sanford, FL, 32773	
TITLE	S/D	☐ Change ☐ Addition
NAME	Kaiser, Patricia	
STREET ADDRESS	145 Wood Ridge Trail	
CITY-ST-ZIP	Sanford, FL, 32771	
TITLE	C/D/P	☐ Change ☐ Addition
NAME	Lewis, Dick	
STREET ADDRESS	920 Penfield Cove	
CITY-ST-ZIP	Sanford, FL, 32773	
TITLE	C/D	☐ Change ☐ Addition
NAME	Johnson, Hazel	
STREET ADDRESS	407 Tucker Drive	
CITY-ST-ZIP	Sanford, FL, 32773	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia J. Kaiser* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-05-2000

Date Daytime Phone #

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90085 001 ****61.25



DO NOT WRITE IN THIS SPACE