## **2000 UNIFORM BUSINESS REPORT (UBR)**

## Jun 13, 2000 8:00 am Secretary of State **DOCUMENT # N48887** GRANT CHAPEL UNITED METHODIST CHURCH, INC. 06-13-2000 90005 026 \*\*\*\*61.25 Principal Place of Business Mailing Address 301 WEST ENGLAND AVENUE 301 WEST ENGLAND AVENUE WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BEASLEY, JOHN W REV JR 301 W NEW ENGLAND AVENUE WINTER PARK FL 32789 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition TITLE ☐ Delete TITLE BEASLEY, JOHN W. JR. NAME NAME STREET ADDRESS STREET ADDRESS 301 W. NEW ENGLAND AVE. CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STRAUGHTER, BENJAMIN STREET ADDRESS STREET ADDRESS 301 W. NEW ENGLAND AVE CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL --- --- --- Change --- - Addition SD ☐ Delete TITLE **BROOKS, LORETHA** NAME STREET ADDRESS STREET ADDRESS 301 W. NEW ENGLAND AVE CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE TD NAME PAIGE, ANNIE NAME STREET ADDRESS STREET ADDRESS 301 W. NEW ENGLAND AVE CITY-ST-ZIP CITY-ST-ZIP winter Park Fl Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

GNATURE: NEW YOUND WAS LEGITATION OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED