

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49508

1. Entity Name

ST. PAUL'S UNITED METHODIST CHURCH OF ORANGE COU

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90050 016 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
4710 ADANSON ST C/O ST. PAUL'S UNITED MEHTODIST CHURCH
ORLANDO FL 32804 1419 HENRY BALCH DR.
US ORLANDO FL 32810-4510

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-0951531

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

PARKER, MILDRED E.
817 CAREW AVE.
ORLANDO FL 32804

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 ☒ Delete
NAME TOMLIN, RALPH
STREET ADDRESS 4288 KENDRICK ROAD
CITY-ST-ZIP ORLANDO FL 32804

TITLE ☐ Change ☐ Addition
NAME Harry May
STREET ADDRESS 275 Orange Terrace
CITY-ST-ZIP Winter Park, FL 32789

TITLE ☒ Delete
NAME BERRY, KEVIN
STREET ADDRESS 3712 SHADY GROVE CIRCLE
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☐ Addition
NAME John Freeman
STREET ADDRESS 1118 Courtland Street
CITY-ST-ZIP Orlando, FL 32804

TITLE ☐ Delete
NAME STANFORD, DUANE
STREET ADDRESS 3019 CECILIA DRIVE
CITY-ST-ZIP APOPKA FL 32703

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

TITLE ☐ Delete
NAME PFC BERRY, JOHN L SR
STREET ADDRESS 403 HERMITAGE DRIVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

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

TITLE ☐ Delete
NAME VCAC PATTERSON, DAN
STREET ADDRESS 2014 BEATRICE DRIVE
CITY-ST-ZIP ORLANDO FL 32810

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

TITLE ☐ Delete
NAME S PARKER, MILDRED E
STREET ADDRESS 817 CAREW AVENUE
CITY-ST-ZIP ORLANDO FL 32804

TITLE ☐ Change ☐ 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.

407-647-3691

SIGNATURE: *Mildred E. Parker* Mildred E. Parker, Secretary 4/13/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)