## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 26, 2000 8:00 am Secretary of State **DOCUMENT # N50243** HOWEY-IN-THE-HILLS COMMUNITY CHURCH, FLORIDA COR 02-26-2000 90043 012 \*\*\*\*61.25 Principal Place of Business Mailing Address 420 NORTH PALM AVENUE 420 NORTH PALM AVENUE HOWEY-IN-THE-HILLS FL 34737-3313 HOWEY-IN-THE-HILLS FL 34737 E0025489 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1117563 Not Applicable \$8.75 Additional 7ip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) REMINGTON, ED 125 EAST OAK STREET **HOWEY-IN-THE HILLS FL 34737** 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. **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees · · · OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. Addition D ... ☐ Delete TITLE TITLE NAME NAME MERRELL, ROBERT STREET ADDRESS STREET ADDRESS 4144 BAIR AVE CITY-ST-ZIP CITY-ST-ZIP FRUITLAND PARK FL ☐ Delete ☐ Change ☐ Addition PD TITLE TITLE remington, ed NAME NAME STREET ADDRESS STREET ADDRESS 125 E. OAK ST. CITY-ST-ZIP CITY-ST-ZIP HOWEY FL ☐ Addition ☐ Change Trastec ☐ Delete TITLE CROWDER DANIEL NAME STREET ADDRESS STREET ADDRESS 12106 BRUCE HUNT RD CITY-ST-ZIP CITY-ST-ZIP CLERMONT FL Delete TITLE Trustee Change Change Addition TITLE Larry Metz 8205 Conway Rd NAME NAME KYLE. BUD STREET ADDRESS STREET ADDRESS 5<del>639 Mary's Wi</del>llow RD CITY-ST-ZIP Howey-In-The-Hills , FL 34737 CITY-ST-ZIP GROVELAND FL

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.

CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

WALSMANN, CHARLIE

HOWEY-IN-THE-HILLS FL 34737

908 HAMLIN-AVE-

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTER NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Delete

02/07/00 Date

Howey-In-The-Hills, FL 34737

trustee

Lynda Childs

407 E. Orchid Way

(362) 324-1806

Change Change

☐ Change

Addition

☐ Addition

CR2E037 ((