## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Feb 28, 2001 8:00 am **DOCUMENT # N50243 Secretary of State** 1. Entity Name 02-28-2001 90047 046 \*\*\*\*61.25 HOWEY-IN-THE-HILLS COMMUNITY CHURCH, FLOB!DA CÔR Principal Place of Business Mailing Address 420 NORTH PALM AVENUE 420 NORTH PALM AVENUE 011114 HOWEY-IN-THE-HILLS FL 34737 HOWEY-IN-THE-HILLS FL 34737 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1117563 Not Applicable Zip Country Country \$8.75 Additional 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 City FL 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) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITI F Change Addition MERRELL, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 4144 BAIR AVE CITY-ST-ZIP CITY-ST-ZIP FRUITLAND PARK FL TITLE ☐ Delete THILE ☐ Change Addition REMINGTON, ED NAME NAME STREET ADDRESS STREET ADDRESS 125 E. OAK ST. CITY-ST-ZIP CITY-ST-7IP HOWEY FL TITLE ☐ Delete ☐ Change TITLE Addition NAME CROWDER, DANIEL NAME STREET ADDRESS STREET ADDRESS 12106 BRUCE HUNT RD CITY-ST-7IP CITY-ST-7IP CLERMONT FL ☐ Delete TITLE ☐ Change Addition TITLE NAME METZ. LARRY NAME STREET ADDRESS STREET ADDRESS 8205 CONWAY RD CITY-ST-ZIP CITY-ST-ZIP **HOWEY IN THE HILLS FL 34737** TITLE ☐ Delete TITLE Change Addition NAME CHILDS, LYNDA NAME STREET ADDRESS 407 E. ORCHID WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOWEY-IN-THE-HILLS FL 34737 Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/01 (352) 324-2806 Daytime Phone #

**FILED**