

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90097 047 ****61.25

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1. Entity Name

THE NOCATEE UNITED METHODIST CHURCH, INC.



Principal Place of Business

P.O. BOX 393
NOCATEE FL 34268
US

Mailing Address

P.O. BOX 393
NOCATEE FL 34268
US

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 **65-0393818**

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

RICE, ROBERT D
2470 SW CHARLOTTE ST
ARCADIA FL 34266

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T
RICE, ROBERT D
2470 SW CHARLOTTE ST
ARCADIA FL 34266 ☐ Delete

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

TR
COSTNER, GERALD
3028 NE ARCADIA AVENUE
ARCADIA FL 34266 ☒ Delete

TR
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

T
RICE, MARYJUNE W.
2470 SW CHARLOTTE ST.
NOCATEE FL 34268 ☒ Delete

T
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

LL
MARRY, BETTY
1793 SE CHERRY DROVE
ARCADIA FL 34266 ☐ Delete

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

SAB
PITTS, NANCY
2901 AIRPORT RD
ARCADIA FL 34266 ☐ Delete

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

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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.

SIGNATURE:

REINSTATEMENT REQUIRED

1-28-03

863-494-1243

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)