

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

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90123 004 \*\*\*61.25

**DOCUMENT # N95000000644**

1. Entity Name

**RAINBOW LAKES UNITED METHODIST CHURCH INC.**



Principal Place of Business

**19656 SW BEACH BLVD.  
DUNNELLO FL 34431**

Mailing Address

**19656 SW BEACH BLVD.  
DUNNELLO FL 34431**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2156231**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GENTRY, ROBERT  
3675 SW POMPANO  
DUNNELLO FL 34431**

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

TITLE **CD** ☐ Delete  
NAME **GENTRY, ROBERT**  
STREET ADDRESS **3675 SW POMPANO**  
CITY-ST-ZIP **DUNNELLO FL 34431**

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

TITLE **D** ☐ Delete  
NAME **RICHIE, CALVIN**  
STREET ADDRESS **4280 SW DEEPWATER CT**  
CITY-ST-ZIP **DUNNELLO FL 34431**

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

TITLE **D** ☐ Delete  
NAME **MOWREY, CHARLES**  
STREET ADDRESS **10775 SW 186 CIRCLE**  
CITY-ST-ZIP **DUNNELLO FL 34432**

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

TITLE **TD** ☒ Delete  
NAME **MOWREY, MARGARET**  
STREET ADDRESS **10775 SW 186 CIRCLE**  
CITY-ST-ZIP **DUNNELLO FL 34432**

TITLE ☐ Change ☒ Addition  
NAME **TD HENION, ROBIN**  
STREET ADDRESS **21280 SW MARINE BLVD**  
CITY-ST-ZIP **DUNNELLO, FL 34431**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

*Robert Gentry* **ROBERT GENTRY** 01/20/03 352-489-0076

CR2E037 (10/02)