

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2000 8:00 am
Secretary of State
 02-28-2000 90025 006 ****61.25

DOCUMENT # N95000003632

1. Entity Name

THE GRAND ISLAND FREE METHODIST LIGHT AND LIFE C

Principal Place of Business

Mailing Address

GOOSE CREEK RD
 FL 34788-2846

35720 GOOSE CREEK RD
 LEESBURG FL 34788-2846

00020000

2. Principal Place of Business

35720 Goose Creek Road
 Suite, Apt. #, etc.

3. Mailing Address

35720 Goose Creek Road
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Leesburg, Florida
 Zip
 34788
 Country
 Lake

City & State
 Leesburg, Florida
 Zip
 34788
 Country
 Lake

4. FEI Number

59-6571994

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

STUART, DEAN
 8 ABERDEEN CIRCLE
 LEESBURG FL 34788

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

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | KRAMER, KEN | |
| STREET ADDRESS | 9705 HICKORY HOLLOW RD #90 | |
| CITY-ST-ZIP | LEESBURG FL 34788 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | LEE, JOAN | |
| STREET ADDRESS | 9705 HICKORY HOLLOW RD #90 18 | |
| CITY-ST-ZIP | LEESBURG FL 34788 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | REED, HOWARD | |
| STREET ADDRESS | 666 MISTI DRIVE | |
| CITY-ST-ZIP | LEESBURG FL 34788 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | ELDRIDGE, TIM | |
| STREET ADDRESS | 2714 BUTTERNUT COURT | |
| CITY-ST-ZIP | EUSTIS FL 32726 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JACKSON, BILL | |
| STREET ADDRESS | 11841 S. SHELLEY DRIVE | |
| CITY-ST-ZIP | LEESBURG FL 34788 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | STUART, DEAN | |
| STREET ADDRESS | 8 ABERDEEN CIRCLE | |
| CITY-ST-ZIP | LEESBURG FL 34788 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------------|-----------------------------------|
| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

CR2E037 (9/99)

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:

Stuart, Dean
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 5, 2000 352-742-914F
 Date Daytime Phone #