

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003632

1. Entity Name

THE GRAND ISLAND FREE METHODIST LIGHT AND LIFE C  
HAPEL, INC.

Principal Place of Business

Mailing Address

35720 GOOSE CREEK RD  
LEESBURG FL 34788

35720 GOOSE CREEK RD  
LEESBURG FL 34788

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

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

STUART, DEAN  
8 ABERDEEN CIRCLE  
LEESBURG FL 34788

Name

Bill Jackson

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

11841 S. Shelley Drive

City

Leesburg

FL

Zip Code

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

William R. Jackson Trustee

2-24-02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T ☐ Delete  
NAME KRAMER, KEN  
STREET ADDRESS 9705 HICKORY HOLLOW RD #90  
CITY-ST-ZIP LEESBURG FL 34788

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

T ☐ Delete  
NAME LEE, JOAN  
STREET ADDRESS 9705 HICKORY HOLLOW RD 18  
CITY-ST-ZIP LEESBURG FL 34788

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

T ☒ Delete  
NAME MORTON, HERBERT  
STREET ADDRESS 1302 OAK CT  
CITY-ST-ZIP LEESBURG FL 34788

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

D ☐ Delete  
NAME JACKSON, BILL  
STREET ADDRESS 11841 S. SHELLEY DRIVE  
CITY-ST-ZIP LEESBURG FL 34788

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

D ☒ Delete  
NAME STUART, DEAN  
STREET ADDRESS 8 ABERDEEN CIRCLE  
CITY-ST-ZIP LEESBURG FL 34788

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

☐ Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
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:

William R. Jackson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-24-02

352-589-8424

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE