

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004793

1. Entity Name

CARTER TEMPLE CHRISTIAN METHODIST EPISCOPAL CHURCH, INC.

Principal Place of Business

540 11TH AVE. WEST  
BRADENTON FL 34205

Mailing Address

540 11TH AVE. WEST  
BRADENTON FL 34205

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

51-0202764

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

BRYANT, GARY SR  
2301 MARTIN LUTHER KING AVE EAST  
BRADENTON FL 34203

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.

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

## 11.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Change  Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, ISIAH 5803 13TH ST. E. BRADENTON FL 34203	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DANIEL, FRANCES 1486 16TH STREET SARASOTA FL 34236	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCDUFFIE, MARTHA 504 27TH AVE. W. BRADENTON FL 34205	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BRYANT, GARY 2301 MARTIN LUTHER KING AVE EAST BRADENTON FL 34208	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, PATRICK 1540 21ST ST. E., APT. E40 BRADENTON FL 34203	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSE, IMogene 514 MINNESOTA LAKE WALES FL 33853	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Gary Bryant Jr.*

941-524-0336

Date

Daytime Phone #

CR2E037 (9/01)