

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

0002419

DOCUMENT # N96000000375

1. Entity Name

WACISSA UNITED METHODIST CHURCH, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 15 PM 2:14

Principal Place of Business

POST OFFICE BOX 411
WACISSA FL 32361

Mailing Address

POST OFFICE BOX 411
WACISSA FL 32361

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES



4. FEI Number 59-2926850

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

WALKER, BUTLER
RT 3 BOX 58 N/A
MONTICELLO FL 32344

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

X JB Walker

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/12/03

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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 PT
NAME SNIPES, GARY
STREET ADDRESS P O BOX 366 N/A
CITY-ST-ZIP WACISSA FL ☐ Delete

TITLE VT
NAME WALKER, BUTLER
STREET ADDRESS RT 3 BOX 58 N/A
CITY-ST-ZIP MONTICELLO FL ☐ Delete

TITLE ST
NAME MALOY, BETSY
STREET ADDRESS 380 HENRY STREET
CITY-ST-ZIP MONTICELLO FL ☐ Delete

TITLE T
NAME BOLAND, BARBARA
STREET ADDRESS RT 1 BOX 82-B N/A
CITY-ST-ZIP LAMONT FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

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TITLE
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:

SIGNATURE REQUIRED

10/15/03

CR2E037 (4/03)