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

## DOCUMENT # N9700002281

1. Entity Name

CANAL POINT UNITED METHODIST CHURCH, INC.

TOO WE THE

## FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90114 001 \*\*\*\*61.25

					Converse								
Principal Place	e of Business	Mailir	ng Address										
37050 2ND STREET			P.O. BOX 326										
CANAL POINT FL 33438			CANAL POINT FL 33438										
2. Principal Place of Business 3.			3. Mailing Address						DAN FOAN BON				
Suite, Apt.	# oto	<del>   </del>	0.35 4.4 (1.5)				<u> </u>						
Suite, Apt.	#, etc.	"	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
City & State			City & State				4. FEI Number 59-2361524				pplied For		
											ot Applicable	4	
Zip	Country	Zij	P	Cou	ntry		5. Certificate of Status Desired   \$8.75 Additional Fee Required						
	6. Name and Address of Curre	nt Register	ed Agent				7. Name and Address of New Registered Agent						
					Name								
SEARS, V		·-c			Street Address (P.O. Box Number is Not Acceptable)						~~~ ,	1	
	D STREET			}								┨	
CANAL P	OINT FL 33438									_			
					City				FL	Zip Cod	de		
8. The above	named entity submits this statement	for the purp	oose of changing its	registere	d office or reg	jistere	ed agent, or both, in	the State of Flori	ida. I am fa	miliar with,	, and accept	1	
	ions of registered agent.		·										
4	je nje												
SIGNATURE .	Signature, typed or printed name of registered agr	ent and title if ap	plicable. (NOTE	: Registered	Agent signature re	equired v	when reinstating)	***	DATE				
-5												1	
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing			:	\$5.00 May Be	Mak	e Check	Payable	to	1	
	FILE 14047. FEE 13 401.23		Trust Fund C	ontribution	on.		Added to Fees	Florida	a Departi	nent of	State		
10.	OFFICERS AND	DIRECTORS	RS <b>11.</b>			Δ	DDITIONS/CHANG	ES TO OFFICER	S AND DIR	CTORS I	V 10	-	
TITLE	D	DIRECTOR	Delete	TITLE			22.770.770, 01 % 4 4 0	.20 70 0.7.02		☐ Change	Addition	60/2	
NAME	MAXWELL, ROBERT			NAME								700	
STREET ADDRESS	12660 EVERGLADES AVE		STR		ET ADDRESS							10	
CITY-ST-ZIP	CANAL POINT FL 33438		<u> </u>	CITY-	ST-ZIP							16	
TITLE	DS		☐ Delete	TITLE						☐ Change	☐ Addition	16	
NAME STREET ADDRESS	Wagner, Dennis E 37028 3RD Street			NAME	T ADDRESS								
CITY-ST-ZIP	CANAL POINT FL 33438				ST-ZIP								
TITLE	DT	سيستنس متثوب	Delete	°` ≅TITLE			2 <del></del>	· · · · · · · · · · · · · · · · · · ·	<del></del>	Change	"Addition"		
NAME	BLACKWELL, EUSTIS			NAME	:								
STREET ADORESS	37030 3RD STREET				T ADDRESS								
CITY-ST-ZIP	CANAL POINT FL 33438		-	ST-ZIP							-		
TITLE NAMÉ	SEARS, WAYNE	☐ Delete		TITLE NAME	- 1	•				Change	☐ Addition	1	
STREET ADDRESS	37030 2ND STREET				T ADDRESS							}	
CITY-ST-ZIP			CITY-	ST-ZIP									
TITLE	V		☐ Delete	TITLE						☐ Change	Addition	7	
NAME	ADAMS, FRANCES E			NAME									
STREET ADDRESS	1616 E. MAIN ST.			ST-ZIP									
CITY-ST-ZIP	PAHOKEE FL 33476		Dolata	-						☐ Change	Addition	+	
TITLE NAME			☐ Delete	TITLE	·						☐ Addition		
STREET ADDRESS					T ADDRESS								
CITY-ST-ZIP				CITY-	ST-ZIP								
											. ,	1	

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:

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