

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

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90455 018 ****61.25

DOCUMENT # N97000003135

1. Entity Name

SAMOSSET UNITED METHODIST CHURCH INC.



Principal Place of Business

**3021 - 21ST STREET COURT EAST
BRANDENTON FL 34208**

Mailing Address

**3021 - 21ST STREET COURT EAST
BRANDENTON FL 34208**

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 **NOT APPLICABLE**

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

**TOMAS, ARMIN
204 57TH AVE EAST
BRANDENTON FL 34234**

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 Armin Tomas

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	DCAC TOMAS, ARMIN	<input type="checkbox"/> Delete
STREET ADDRESS	204 57TH AVE EAST	
CITY-ST-ZIP	BRANDENTON FL 34203	
TITLE NAME	T LOPEZ, LUIS	<input type="checkbox"/> Delete
STREET ADDRESS	613 33RD AVE EAST	
CITY-ST-ZIP	BRANDENTON FL 34208	
TITLE NAME	D CARRANZA, MARRCIAL D	<input type="checkbox"/> Delete
STREET ADDRESS	2128 30 AVE EAST	
CITY-ST-ZIP	BRANDENTON FL 34208	
TITLE NAME	D FACKELMAN, DONNA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	204 - 41ST AVENUE EAST	
CITY-ST-ZIP	BRANDENTON FL 34208	
TITLE NAME	TCF GARCIA, CLAUDIA	<input type="checkbox"/> Delete
STREET ADDRESS	910 35TH AVE EAST	
CITY-ST-ZIP	BRANDENTON FL 34208	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D Carranza Marcial D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3404 16 AVE West	
CITY-ST-ZIP	Bradenton FL- 34205	
TITLE NAME	D miguel LOPEZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3205 5th St Court East	
CITY-ST-ZIP	Bradenton FL- 34208	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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:

M. Carranza
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-09-03

(94) 713-3999