

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004332

1. Entity Name

ELOISE UNITED METHODIST CHURCH, INC.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90006 038 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1020 SNIVELY AVENUE  
ELOISE FL 33880

P O BOX 5538  
ELOISE FL 33880-0538  
US

00028613



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2713136

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BRYANT, CARL  
510 AVENUE A EAST  
WAHNETA FL 33880

Name

JESSIE B. STANFIELD

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

2720 ALTURAS Rd

City  
BARTOW

FL

Zip Code  
33830

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 JESSIE B. STANFIELD

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-23-2000

**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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HATMAKER, TROY  
CITY-ST-ZIP 1020 SNIVELY AVENUE  
ELOISE FL 33880

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HATMAKER, LEE  
CITY-ST-ZIP 1020 SNIVELY AVENUE  
ELOISE FL 33880

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BURRY, ROBERT  
CITY-ST-ZIP 1020 SNIVELY AVENUE  
ELOISE FL 33880

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS ELDRIDGE, CHUCKIE  
CITY-ST-ZIP 1020 SNIVELY AVENUE  
ELOISE FL 33880

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BRYANT, BARBARA  
CITY-ST-ZIP 1020 SNIVELY AVENUE  
ELOISE FL 33880

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS STANFIELD, JESSIE B  
CITY-ST-ZIP 2720 ALTURAS RD.  
BARTOW FL 33830

TITLE ☐ Change ☐ Addition  
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: JESSIE B. STANFIELD

863  
2-23-2000 - 537-9167

CR2E037 (9/99)