

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004332

1. Entity Name

ELOISE UNITED METHODIST CHURCH, INC.

Principal Place of Business

1020 SNIVELY AVENUE
ELOISE FL 33880

Mailing Address

P O BOX 5538
ELOISE FL 33880
US

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

59-2713136

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

STANFIELD, JESSIE B
2720 ALTURAS RD
BARTOW FL 33830

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

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

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

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

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

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

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

TITLE D ☐ Delete
NAME LINDSEY, GRACE
STREET ADDRESS 5849 TINDEL PL
CITY-ST-ZIP LAKE WALES FL 33853

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

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

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

TITLE D ☐ Delete
NAME STANFIELD, JESSIE B
STREET ADDRESS 2720 ALTURAS RD.
CITY-ST-ZIP 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-02

863-537-9187

Date

Daytime Phone #

CR2E037 (9/01)