

2002 UNIFORM BUSINESS REPORT (UBR)

0061549

DOCUMENT # N97000004805

1. Entity Name

CARRABELLE UNITED METHODIST CHURCH, INC.

FILED

03 MAY -5 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

301 TALLAHASSEE ST
CARRABELLE FL 32322

P O DRAWER C
CARRABELLE FL 32322

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

59-2433388

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

WRIGHTSTONE, RALPH L
209 FIRST ST E
P. O. DRAWER C
CARRABELLE FL 32322

Name Andrew M Standridge

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

209 First St. E

P.O. Drawer C

City

Carrabelle

FL

Zip Code

32322

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.

500018843245

05/13/03--01061--014 **61.25

SIGNATURE

Andrew M. Standridge, Pastor

3/3/02

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	P	<input checked="" type="checkbox"/> Delete
NAME	PILGER, KURT I	
STREET ADDRESS	P.O. BOX 800 N/A	
CITY-ST-ZIP	CARABELLE FL 32322	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FESTER, CHARLES E	
STREET ADDRESS	PO BOX 1088 N/A	
CITY-ST-ZIP	EASTPOINT FL 32328	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRANKLIN, ROBERT	
STREET ADDRESS	BOX 1382 N/A	
CITY-ST-ZIP	LANARK VILLAGE FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MOCK, CATHERINE	
STREET ADDRESS	PO BOX 56 N/A	
CITY-ST-ZIP	CARRABELLE FL 32322	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MATHAS, MARY L	
STREET ADDRESS	PO BOX 53 N/A	
CITY-ST-ZIP	CARRABELLE FL 32322	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CRUM, PRENTICE M	
STREET ADDRESS	HWY. 67	
CITY-ST-ZIP	CARABELLE FL 32322	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Franklin	
STREET ADDRESS	P.O. Box 1382	
CITY-ST-ZIP	Lanark Village, FL 32323	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Don Davis	
STREET ADDRESS	411 River Road	
CITY-ST-ZIP	Carrabelle, FL 32322	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Prentice Crum	
STREET ADDRESS	P.O. Box 423	
CITY-ST-ZIP	Carrabelle, FL 32322	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dan Rosier	
STREET ADDRESS	127 Larry Drive	
CITY-ST-ZIP	Carrabelle, FL 32322	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dorothy Fish	
STREET ADDRESS	P.O. Box 702	
CITY-ST-ZIP	Carrabelle, FL 32322	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kurt Pilger	
STREET ADDRESS	1764 Lighthouse Road	
CITY-ST-ZIP	Carrabelle, FL 32322	

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 Kurt Pilger, Chiarmen Trustees 3/3/02 (850)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 697-3672

CR2E037 (9/01)