649-4087----Daytime Phone #

Date

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

FILED Jan 16, 2001 8:00 am Secretary of State DOCUMENT # N9700006147 1. Entity Name COMMUNITY UNITED METHODIST CHURCH OF LAKE COMO, 01-16-2001 90066 042 ****61.25 Principal Place of Business Mailing Address PO BOX 330 126 HIGHLAND AVE 00003610 LAKE COMO FL 32157-0330 LAKE COMO FL 32157 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3248364 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FLEMING, EMMA 24 MILLER ST. KIRKWOOD ESTATES POMONA PARK FL 32181 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition Delete TITLE TITLE FLORIO, CHRIS- --NAME ---NAME PO BOX 193 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE COMO FL 32157-0193 CITY-ST-ZIP ☐ Delete Change Addition TITLE LANSFORD, CHARLENE NAME NAME STREET ADDRESS STREET ADDRESS PO BOX 249 CITY-ST-ZIP LAKE COMO FL 32157-0249 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE FLEMING, EMMA NAME 24 MILLER ST, KIRKWOOD ESTATES STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMONA PARK FL 32181 ☐ Addition ☐ Delete TITLE TITLE TAYLOR, RUTH NAME STREET ADDRESS PO BOX 433 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE COMO FL 32157-0433 Delete Change ▼ Addition TITLE KNOPP, VIRGLE NAME GREER, VERNON STREET ADDRESS STREET ADDRESS P. O. BOX 433 P. O. Box 216, LAKE COMO, FL 32157-0216 CITY-ST-ZIP CITY-ST-ZIP LAKE COMO FL 32157-0188 ☐ Addition D TITLE □ Delete TITLE STACK, DANNY NAME NAME STREET ADDRESS STREET ADDRESS PO BOX 54 CITY-ST-ZIP CITY-ST-ZIP LAKE COMO FL 32157-0054 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