

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

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90161 033 \*\*\*\*61.25

**DOCUMENT # N97000006147**

1. Entity Name

**COMMUNITY UNITED METHODIST CHURCH OF LAKE COMO, INC.**



Principal Place of Business

**126 HIGHLAND AVE  
LAKE COMO FL 32157**

Mailing Address

**PO BOX 330  
LAKE COMO FL 32157-0330**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES  
**SPELLING ERROR**

4. FEI Number **59-3248364**

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

**KNAPP, VIRGLE**  
**PO BOX 788**  
**437 LAKE COMO DR**  
**LAKE COMO FL 32157**

*KNOPP*

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

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FLORIO, CHRIS</b>	
STREET ADDRESS	<b>PO BOX 193</b>	
CITY-ST-ZIP	<b>LAKE COMO FL 32157-0193</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KNAPP, VIRGLE</b> <i>KNOPP</i>	
STREET ADDRESS	<b>PO BOX 188</b>	
CITY-ST-ZIP	<b>LAKE COMO FL 32157</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS, RUBY</b>	
STREET ADDRESS	<b>RT 1, BOX 552</b>	
CITY-ST-ZIP	<b>CRESCENT CITY FL 32112</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>TAYLOR, RUTH</b>	
STREET ADDRESS	<b>PO BOX 433</b>	
CITY-ST-ZIP	<b>LAKE COMO FL 32157-0433</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GREER, VERNON</b>	
STREET ADDRESS	<b>P O BOX 216</b>	
CITY-ST-ZIP	<b>LAKE COMO FL 32157-0216</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STACK, DANNY</b>	
STREET ADDRESS	<b>PO BOX 54</b>	
CITY-ST-ZIP	<b>LAKE COMO FL 32157-0054</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*Virgle Knopp*

*2/1/03*

*1-386-644-8419*

CR2E037 (10/02)