

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003804

1. Entity Name

ALLEN MEMORIAL UNITED METHODIST CHURCH, INC.

Principal Place of Business

208 PACE PARKWAY
CANTONMENT FL 32533-1228

Mailing Address

208 PACE PARKWAY
CANTONMENT FL 32533-1228

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

59-3429897

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

BAILEY, ROBERT J
208 PACE PARKWAY
CANTONMENT FL 32533-1228

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 DV
NAME LACY, FRED ☒ Delete
STREET ADDRESS 1032 PINETOP #4
CITY-ST-ZIP CANTONMENT FL 32533

TITLE P
NAME PETE WILSON ☒ Change ☐ Addition
STREET ADDRESS 2469 CHANCE RD
CITY-ST-ZIP MOLINO, FL 32577

TITLE P
NAME PIPPIN, FRANK ☒ Delete
STREET ADDRESS 4479 CHESTNUT ROAD
CITY-ST-ZIP MOLINO FL 32577

TITLE D
NAME SAM ARMSTRONG ☒ Change ☐ Addition
STREET ADDRESS 1024 PINETOP
CITY-ST-ZIP CANTONMENT, FL 32533

TITLE T
NAME CAMPBELL, KAYE ☐ Delete
STREET ADDRESS 1876 CHAVERS ROAD
CITY-ST-ZIP CANTONMENT FL 32533

TITLE DV
NAME DIANNE PICKENS ☒ Change ☐ Addition
STREET ADDRESS 109 HARVEST HILL DR.
CITY-ST-ZIP CANTONMENT, FL 32533

TITLE S
NAME WILSON, ANN ☐ Delete
STREET ADDRESS 2469 CHANCE ROAD
CITY-ST-ZIP MOLINO FL 32577

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

TITLE D
NAME CURRAN, RUSSELL ☒ Delete
STREET ADDRESS 1205 GOLDENROD ROAD
CITY-ST-ZIP CANTONMENT FL 32533

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

TITLE D
NAME ENGLAND, CATHY ☐ Delete
STREET ADDRESS 808 COULTER AVENUE
CITY-ST-ZIP CANTONMENT FL 32533

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

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:

Kaye Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-00

Date

850-968-2392

Daytime Phone #

CR2E037 (9/99)