

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90237 034 \*\*\*\*61.25

**DOCUMENT # N98000005089**

1. Entity Name

**GIBSONTON UNITED METHODIST CHURCH, INC.**

Principal Place of Business

Mailing Address

**6104 MARILLA AVE.  
 GIBSONTON FL 33534**

**6104 MARILLA AVE.  
 GIBSONTON FL 33534**

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

**59-1882970**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEWART, FRANK S ESQUIRE  
 3560 N. 29TH ST.  
 TAMPA FL 33605**

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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>KATO, WAYNE PASTOR</b>
STREET ADDRESS	<b>6104 MARILLA AVE.</b>
CITY-ST-ZIP	<b>GIBSONTON FL 33534</b>
TITLE	<b>DP</b> <input type="checkbox"/> Delete
NAME	<b>CUNNINGHAM, PHIL PASTOR</b>
STREET ADDRESS	<b>6220 FLORIDA DR.</b>
CITY-ST-ZIP	<b>APOLLO BEACH FL 33572</b>
TITLE	<b>DVP</b> <input type="checkbox"/> Delete
NAME	<b>KRAMER, JIM</b>
STREET ADDRESS	<b>7020 GRAND RAPIDS DR.</b>
CITY-ST-ZIP	<b>TAMPA FL 33619</b>
TITLE	<b>DST</b> <input type="checkbox"/> Delete
NAME	<b>JOHNSON, ROBERT</b>
STREET ADDRESS	<b>9905 CALIFORNIA STREET</b>
CITY-ST-ZIP	<b>GIBSONTON FL 33534</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>GILHOOL, VIRGINIA</b>
STREET ADDRESS	<b>308 RIVER BAY DR.</b>
CITY-ST-ZIP	<b>TAMPA FL 33619</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>JOHNSON, MARY</b>
STREET ADDRESS	<b>9905 CALIFORNIA ST.</b>
CITY-ST-ZIP	<b>GIBSONTON FL 33534</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
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Wayne Kato*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/23/02** **(813) 677-3377**  
 Date Daytime Phone #

CR2E037 (9/01)