

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

FILED
May 22, 2003 8:00 am
Secretary of State

05-22-2003 90136 039 ****61.25

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DOCUMENT # N98000005089

1. Entity Name

GIBSONTON UNITED METHODIST CHURCH, INC.



Principal Place of Business

**6104 MARILLA AVE.
GIBSONTON FL 33534**

Mailing Address

**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**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	KATO, WAYNE PASTOR	
STREET ADDRESS	6104 MARILLA AVE.	
CITY-ST-ZIP	GIBSONTON FL 33534	
TITLE	DP	<input type="checkbox"/> Delete
NAME	CUNNINGHAM, PHIL PASTOR	
STREET ADDRESS	6220 FLORIDA DR.	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	KRAMER, JIM	
STREET ADDRESS	7020 GRAND RAPIDS DR.	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	DST	<input type="checkbox"/> Delete
NAME	JOHNSON, ROBERT	
STREET ADDRESS	9905 CALIFORNIA STREET	
CITY-ST-ZIP	GIBSONTON FL 33534	
TITLE	T	<input type="checkbox"/> Delete
NAME	GILHOOL, VIRGINIA	
STREET ADDRESS	308 RIVER BAY DR.	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	T	<input type="checkbox"/> Delete
NAME	JOHNSON, MARY	
STREET ADDRESS	9905 CALIFORNIA ST.	
CITY-ST-ZIP	GIBSONTON FL 33534	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
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: **Robert S. Johnson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/03

(813) 677-5140

Date

Daytime Phone #

CR2E037 (10/02)