

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91643 019 ****61.25

DOCUMENT # N99000004142

1. Entity Name

LEESBURG DISTRICT BOARD OF TRUSTEES FOR THE UNITED METHODIST CHURCH, INC.

Principal Place of Business

Mailing Address

103 N LEE STREET
 LEESBURG FL 34748

103 N LEE STREET
 LEESBURG FL 34748

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2307314

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

**EDWARDS, WALTER D
 901 WEST MAIN STREET
 LEESBURG FL 34748**

Name **Same**

Street Address (P.O. Box Number is Not Acceptable)
103 N. Lee Street

City **Same**

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 **D** ☐ Delete
 NAME **ELLIS, HELEN**
 STREET ADDRESS **2106 WAITMAN AVENUE, APT. 1**
 CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **D** ☐ Change ☒ Addition
 NAME **Smith, Bob**
 STREET ADDRESS **103 N. Lee Street**
 CITY-ST-ZIP **Leesburg FL 34748**

TITLE **P** ☐ Delete
 NAME **CHAFFEE, LEONARD**
 STREET ADDRESS **103 N LEE STREET**
 CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **V** ☒ Change ☐ Addition
 NAME **Chaffee, Leonard**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **COGGINS, LESTER**
 STREET ADDRESS **103 N LEE STREET**
 CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **D** ☐ Change ☒ Addition
 NAME **Zillman, Marcus**
 STREET ADDRESS **103 N. Lee Street**
 CITY-ST-ZIP **Leesburg FL 34748**

TITLE **V** ☐ Delete
 NAME **PICKREL, JEANNE**
 STREET ADDRESS **3182 S BLACK MOUNTAIN DR**
 CITY-ST-ZIP **INVERNESS FL 34450**

TITLE **P** ☒ Change ☐ Addition
 NAME **Pickrel, Jeanne**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **SHIELDS, LOUIS REV.**
 STREET ADDRESS **209 FERNWOOD STREET**
 CITY-ST-ZIP **LEESBURG FL 34748**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **831 Old Oaks Lane**
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **LENHART, JIM**
 STREET ADDRESS **103 N LEE STREET**
 CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **D** ☐ Change ☒ Addition
 NAME **Hoevenair, John**
 STREET ADDRESS **01040 Linda Glen Avenue**
 CITY-ST-ZIP **Fruitland Park FL 34731**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/02

Date

352-787-1643

Daytime Phone #

CR2E037 (9/01)