

DOCUMENT # N99000007623

1. Entity Name

NEWBERRY UNITED METHODIST CHURCH, INC.



FILED
Apr 13, 2007 08:00 AM
Secretary of State



Principal Place of Business

24845 WEST NEWBERRY ROAD
NEWBERRY FL 32669

Mailing Address

PO BOX 475
NEWBERRY FL 32669

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2095488

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLECKNER, KENNETH W JR.
25338 S.W. 16TH AVENUE
NEWBERRY FL 32669

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 registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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
NAME
STREET ADDRESS
CITY-STATE-ZIP
PT
ELLIOTT, GENE
24845 WEST NEWBERRY ROAD
NEWBERRY FL 32669 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VT
FLEMING, DENNIS
24845 WEST NEWBERRY ROAD
NEWBERRY FL 32669 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
T
CUMBEE, CARROLL
PO BOX 482
NEWBERRY FL 32669 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TT
TAYLOR, JENNIFER
26208 SW 2ND AVE
NEWBERRY FL 32669 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
T
SANDERS, ROBIN
8410 67TH CT
TRENTON FL 32693 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
ST
CZARNICK, NANCY
8959 SE. 64TH ST.
TRENTON FL 32693 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition
U000000703834
04/20/07-80155-021 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Kenneth W. Kleckner Kenneth W. Kleckner

1/23/07

352-472-4005