SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **694792** **(3)**

1. Corporation Name

STRICKLAND'S IGA & ACE HARDWARE, INC.

Principal Place of Business	Mailing Address
NORTH HIGHWAY 20 NORTH P. O. BOX 98 BRISTOL FL 32321	NORTH HIGHWAY 20 NORTH P. O. BOX 98 BRISTOL FL 32321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1981
3a. Date of Last Report: 04/06/1994

2. Principal Place of Business	21	2a. Mailing Address	26
Suite, Apt. #, etc.	22	Suite, Apt. #, etc.	27
City & State	23	City & State	28
Zip	24	County	25
Zip	29	County	30

4. FEI Number: 59-2173205 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STRICKLAND, EDITH C.
NORTH MAIN STREET
BOX 98
BRISTOL FL ~~32329~~ 32321 [Please note corrected zip code]

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	☐ Change ☐ Addition
NAME	STRICKLAND, EDITH C	12 NAME	
STREET ADDRESS	NORTH MAIN ST, PO BOX 98	13 STREET ADDRESS	
CITY-ST-ZIP	BRISTOL, FL ~~00000~~ 32321	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	STRICKLAND, E HUDSON	22 NAME	
STREET ADDRESS	NORTH MAIN ST, PO BOX 98	23 STREET ADDRESS	
CITY-ST-ZIP	BRISTOL, FL ~~00000~~ 32321	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: Edith C. Strickland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0125637 FP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: $138.50 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $500)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUN 23 AM 9:05

DOCUMENT # **702224** **(7)**

1. Corporation Name

LAKEWOOD UNITED METHODIST CHURCH, INC.

Principal Place of Business	Mailing Address
5995 9TH ST. S. ST. PETE FL 33705 US	5995 9TH ST. S. ST. PETE FL 33705 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/03/1961
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-0954123 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MILLER, JAMES R
5995 9TH STREET SOUTH
ST PETERSBURG, FL
33705

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE James R Miller James R. Miller DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	Chairman-TRUSTEES ☑ Change ☐ Addition
NAME	VANFOSSEN, LARRY	12 NAME	Richard Knight-5218-6 St. S.
STREET ADDRESS	PO BOX 27125 NA	13 STREET ADDRESS	St. Petersburg. Fl.
CITY-ST-ZIP	ST. PETE FL	14 CITY-ST-ZIP	33705
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	MILLER, JAMES R	22 NAME	
STREET ADDRESS	305 56TH AVE S.	23 STREET ADDRESS	
CITY-ST-ZIP	ST. PETE FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	JAMES R MILLER	32 NAME	
STREET ADDRESS	305 56TH AVENUE SOUTH	33 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	Secretary-Trustees ☑ Change ☐ Addition
NAME	WALTON, CHRIS	42 NAME	Earl Grace-1318-62 Ave. S.
STREET ADDRESS	PO BOX 15853-2149 NA	43 STREET ADDRESS	St. Petersburg, Fl
CITY-ST-ZIP	ST. PETE FL	44 CITY-ST-ZIP	33705
TITLE	CP	51 TITLE	☐ Change ☐ Addition
NAME	MILLER, JAMES R	52 NAME	
STREET ADDRESS	5995 9TH STREET SOUTH	53 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	Pastor James A. Mitchell ☑ Change ☐ Addition
NAME	ROBERT PEARCY	62 NAME	
STREET ADDRESS	6230 4TH ST SOUTH	63 STREET ADDRESS	6230-4 St. S.
CITY-ST-ZIP	ST PETERSBURG FL	64 CITY-ST-ZIP	St. Petersburg, Fl. 337

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James R Miller James R. Miller 6-23-95 813-867-1744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E037 (3/95)

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