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Mar 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 701400 (4)

1. Corporation Name

LAKEWOOD UNITED CHURCH OF CHRIST, INC.

Principal Place of Business	Mailing Address
2601 54TH AVE. S. ST PETERSBURG FL 33712	2601 54TH AVE. S. ST PETERSBURG FL 33712-4709

3. Date Incorporated or Qualified: 09/06/1960
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: 59-1234689 ☐ 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

WELLS, KIM (REV.)
1818 FOLLOW THRU RD NORTH
ST PETERSBURG FL 33710

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: Lorne J. Palmer LORNE J. PALMER TREASURER 1/23/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	PARSON, WILLIAM H		1.2 NAME	PARSONS, WILLIAM H	
STREET ADDRESS	4220 NARVAREZ WAY S		1.3 STREET ADDRESS	4220 NARVAREZ WAY S	
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE	D	☐ DELETE	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	PALMER, LORNE		2.2 NAME	PALMER, LORNE	
STREET ADDRESS	4336 NARVAREZ WAY SO		2.3 STREET ADDRESS	4336 NARVAREZ WAY SO	
CITY-ST-ZIP	ST PETETSBURG FL		2.4 CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE	TD	☒ DELETE	3.1 TITLE	DP	☐ Change ☒ Addition
NAME	MAGRAW, TOM		3.2 NAME	KRISTIN ANDES	
STREET ADDRESS	426 13TH AVE NE		3.3 STREET ADDRESS	426-13 AV. NE	
CITY-ST-ZIP	ST PETERSBURG FL		3.4 CITY-ST-ZIP	ST PETERSBURG FL, ~~33712~~ 3370	
TITLE	S	☐ DELETE	4.1 TITLE	S	☒ Change ☐ Addition
NAME	KASPAR, EVELYN		4.2 NAME	KASPAR, EVELYN	
STREET ADDRESS	2993 61ST AVE SO		4.3 STREET ADDRESS	2993 61ST AVE SO	
CITY-ST-ZIP	ST PETERSBURG FL		4.4 CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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: Lorne J. Palmer LORNE J. PALMER TREASURER 1/23/97 813-867-7961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0050925