

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 709985 (6)

1. Corporation Name  
**THE UNITED METHODIST CHURCH DISTRICT BOARD OF MISSIONS AND CHURCH EXTENSION OF LAKE LAND DISTRICT**



Principal Place of Business Mailing Address  
1140 E. McDONALD ST. LAKELAND FL 33801

3. Date Incorporated or Qualified: 11/29/1965  
3a. Date of Last Report: 03/03/1995  
4. FEI Number: 59-0975855  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country

9. Name and Address of Current Registered Agent  
**COPELAND DELMAS M  
1140 E MCDONALD STREET  
LAKELAND FL 33801**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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: \_\_\_\_\_ (Signature typed or printed name of registered agent and title in parentheses) (Name of Registered Agent signed and printed when registering) (Date)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KOEHL, CHARLES W	
STREET ADDRESS	815 ROLLING WOODS LANE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WOLFE, WILLIAM H.	
STREET ADDRESS	202 W. CHURCH AVE.	
CITY-ST-ZIP	DADE CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PERIMAN, BARBARA	
STREET ADDRESS	675 S WILSON AVENUE	
CITY-ST-ZIP	BARTOW FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BAUER, R. PAUL	
STREET ADDRESS	2700 S. FL AVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	Ds	<input type="checkbox"/> DELETE
NAME	BLACK, KATIE	
STREET ADDRESS	3440 WHITMAN CIRCLE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KELLEY, EDITH	
STREET ADDRESS	245 LAKESIDE RANCH	
CITY-ST-ZIP	WINTER HAVEN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Koehl, Charles W.
1.3 STREET ADDRESS	Correct Spelling
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	William Gill
2.3 STREET ADDRESS	2255 W Helen Circle
2.4 CITY-ST-ZIP	Bartow FL 33830
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Patricia A. Krause
4.3 STREET ADDRESS	1735 Quail Run
4.4 CITY-ST-ZIP	Lakeland FL 33809
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Lamar A. Albritton, Jr.
6.3 STREET ADDRESS	424 W Daughtery RD
6.4 CITY-ST-ZIP	Lakeland FL 33809

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: *Charles W. Koehl* Charles W. Koehl 3/27/96 941-647-1148  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filed #

CP2E037 (12/95)