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**Apr 16, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 709985

1. Corporation Name

THE UNITED METHODIST CHURCH DISTRICT BOARD OF MISSIONS AND CHURCH EXTENSION OF LAKE LAND DISTRICT

Principal Place of Business

1140 E. McDONALD ST.  
 LAKE LAND FL 33801

Mailing Address

PO BOX 2625  
 LAKE LAND FL 33806-625  
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/29/1965

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-0975855

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip

25 Country

29 Zip

30 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COPELAND DELMAS M  
 1140 E MCDONALD STREET  
 LAKE LAND FL 33801

81 Name  
 Aldo O. Martin

82 Street Address (P.O. Box Number is Not Acceptable)  
 1140 E. McDonald St

83

84 City  
 Lakeland

FL

85 Zip Code  
 33801

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: *Aldo O. Martin*  
 Signature, typed or printed name of registered agent and title if applicable.

District Superintendent

4/13/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: SD  DELETE  
 NAME: ALLIGOOD, LERBI  
 STREET ADDRESS: PO BOX 235, 310 CHURCH AVE  
 CITY-ST-ZIP: BOWLING GREEN FL 33834

1.1 TITLE: SD  Change  Addition  
 1.2 NAME: Nora Ramirez  
 1.3 STREET ADDRESS: 719 N Mass. Ave  
 1.4 CITY-ST-ZIP: Lakeland FL 33801

TITLE: PD  DELETE  
 NAME: GILL, WILLIAM  
 STREET ADDRESS: 2255 W HELEN CIRCLE  
 CITY-ST-ZIP: BARTOW FL

2.1 TITLE:  Change  Addition  
 2.2 NAME:  
 2.3 STREET ADDRESS:  
 2.4 CITY-ST-ZIP:

TITLE: D  DELETE  
 NAME: PERIMAN, BARBARA  
 STREET ADDRESS: 675 S WILSON AVENUE  
 CITY-ST-ZIP: BARTOW FL

3.1 TITLE:  Change  Addition  
 3.2 NAME:  
 3.3 STREET ADDRESS:  
 3.4 CITY-ST-ZIP:

TITLE: T  DELETE  
 NAME: KRAUSE, PATRICIA A.  
 STREET ADDRESS: 1735 QUAIL RUN  
 CITY-ST-ZIP: LAKE LAND FL

4.1 TITLE:  Change  Addition  
 4.2 NAME:  
 4.3 STREET ADDRESS:  
 4.4 CITY-ST-ZIP:

TITLE: VD  DELETE  
 NAME: HAUPERT-JOHNSON, SUE E  
 STREET ADDRESS: 72 LAKE MORTON DR  
 CITY-ST-ZIP: LAKE LAND FL 33801

5.1 TITLE: D  Change  Addition  
 5.2 NAME: Robert Siegel  
 5.3 STREET ADDRESS: 8805 Tom Costine Rd  
 5.4 CITY-ST-ZIP: Lakeland FL 33809

TITLE: D  DELETE  
 NAME: SARGEANT, CAROL ANN  
 STREET ADDRESS: 114 LAKE OTIS RD  
 CITY-ST-ZIP: WINTER HAVEN FL 33884

6.1 TITLE: D  Change  Addition  
 6.2 NAME: Patrica Steed  
 6.3 STREET ADDRESS: 2248 Cyrstal Grove Lane  
 6.4 CITY-ST-ZIP: Lakeland FL 33801

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *Patricia Steed* SIGNATURE REQUIRED: *Treasurer* 4/13/99 941-688-5563  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/1/98)