2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State
04-05-2007 90144 035 ****61.25

DOCUMENT # 745562

1. Entity Name
THE SOUTH ATLANTIC CONFERENCE OF THE FREE METHODIST CHURCH OF NORTH AMERICA, INC.

Principal Place of Business	Mailing Address
6101 N ARMENIA AVE TAMPA, FL 33604 US	6101 N ARMENIA AVE TAMPA, FL 33604 US

02262007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5421 Sharon Trail	5421 Sharon Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lakeland, FL	City & State: Lakeland, FL
Zip: 33810 Country: US	Zip: 33810 Country: US

4. FEI Number: 59-6511994 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PANNELL, DONNA C 6101 N ARMENIA AVE TAMPA, FL 33604	Name: Lehman, Richard A. Street Address (P.O. Box Number is Not Acceptable): 5421 Sharon Trail City: Lakeland FL Zip Code: 33810

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: Richard A Lehman Richard A. Lehman, Trustee 4/03/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD LEHMAN, RICHARD 5421 SHARON TR LAKELAND, FL 33810	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RILEY, DARREL 4842 WALNUT RIDGE DR. ORLANDO, FL 32829	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PANNELL, EDWARD 6101 N. ARMANIA AVE. TAMPA, FL 33604	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Steven Wilkins 5401 Bethany Way, #23 Lakeland, FL 33810	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PANNELL, DONNA 6101 N. ARMANIA AVE. TAMPA, FL 33604	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCLAREN, ROB 7098 78TH ST N PINELLAS PARK, FL 33781	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LEHMAN, MARJORIE 5421 SHARON TRAIL LAKELAND, FL 33810	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Marjorie B Lehman Marjorie B. Lehman, Treas. 4/03/07 (863)853-5983
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING OFFICER OR DIRECTOR Date Daytime Phone #