

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90077 010 \*\*\*\*61.25

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N32828**

1. Corporation Name

**MIDDLEBURG UNITED METHODIST CHURCH, INC.**

Principal Place of Business

3925 MAIN STREET  
 MIDDLEBURG FL 32068

Mailing Address

3925 MAIN STREET  
 MIDDLEBURG FL 32068



|                                |                     |  |
|--------------------------------|---------------------|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified  |
| 21                             | 26                  | 06/14/1989   |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 4. FEI Number  |
| 22                             | 27                  | 59-1320369   |
| City & State                   | City & State        | Applied For  |
| 23                             | 28                  | Not Applicable   |
| Zip                            | Country             | 5. Certificate of Status Desired   |
| 24                             | 25                  | <input type="checkbox"/> \$8.75 Additional Fee Required                      |
| 29                             | 30                  | 6. Election Campaign Financing   |
|                                |                     | Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

9. Name and Address of Current Registered Agent

**LEMPKE, JOHN**  
 4810 GOPHER CIRCLE  
 MIDDLEBURG FL 32068

10. Name and Address of New Registered Agent

|   |                        |
|---|------------------------|
| 81 Name   | Len Nordgren           |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 762 Arthur Moore Drive |
| 83  |                        |
| 84 City   | Green Cove Springs FL  |
| 85 Zip Code   | 32043                  |

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 *John Lempke* **Chairman, Trustees** DATE **3/21/99**

| 12. OFFICERS AND DIRECTORS |                             | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                              |
|----------------------------|-----------------------------|---|------------------------------|
| TITLE                      | PD                          | 1.1 TITLE   | PD                           |
| NAME                       | LEMPKE, JOHN                | 1.2 NAME  | Nordgren, Len                |
| STREET ADDRESS             | 4810 GOPHER CIRCLE          | 1.3 STREET ADDRESS                                    | 762 Arthur Moore Drive       |
| CITY-ST-ZIP                | MIDDLEBURG FL               | 1.4 CITY-ST-ZIP                                       | Green Cove Springs, FL 32043 |
| TITLE                      | TR                          | 2.1 TITLE   | V                            |
| NAME                       | DYAL, HERMAN                | 2.2 NAME  | Richard Wheeler              |
| STREET ADDRESS             | 873 ARTHUR MOORE DR         | 2.3 STREET ADDRESS                                    | 4525 Cougar Court            |
| CITY-ST-ZIP                | GREEN COVE SPRINGS FL 32043 | 2.4 CITY-ST-ZIP                                       | Middleburg, FL 32068         |
| TITLE                      | TR                          | 3.1 TITLE   | TR                           |
| NAME                       | TURNER, MARY                | 3.2 NAME  | Lucas, Bob                   |
| STREET ADDRESS             | 2568 BEGONIA DR             | 3.3 STREET ADDRESS                                    | 3791 CR 218, Apt. 46         |
| CITY-ST-ZIP                | MIDDLEBURG FL 32068         | 3.4 CITY-ST-ZIP                                       | Middleburg, FL 32068         |
| TITLE                      | TR                          | 4.1 TITLE   | TR                           |
| NAME                       | NORDGREN, LEN               | 4.2 NAME  | Hiter, Ken                   |
| STREET ADDRESS             | 762 ARTHUR MOORE DR         | 4.3 STREET ADDRESS                                    | 8886 Marlee Road             |
| CITY-ST-ZIP                | GREEN COVE SPRINGS FL 32043 | 4.4 CITY-ST-ZIP                                       | Jacksonville, FL 32222       |
| TITLE                      | S                           | 5.1 TITLE   |                              |
| NAME                       | LYDA, SUZANNE               | 5.2 NAME  |                              |
| STREET ADDRESS             | 3627 SOUTHERN PINES DR      | 5.3 STREET ADDRESS                                    |                              |
| CITY-ST-ZIP                | MIDDLEBURG FL 32068         | 5.4 CITY-ST-ZIP                                       |                              |
| TITLE                      | V                           | 6.1 TITLE   | TR                           |
| NAME                       | MCLENDON, SCOTT             | 6.2 NAME  | Moss, Ivan                   |
| STREET ADDRESS             | 1696 EAGLES NOST LANE       | 6.3 STREET ADDRESS                                    | 3333 Dixie Drive             |
| CITY-ST-ZIP                | MIDDLEBURG FL 32068         | 6.4 CITY-ST-ZIP                                       | Middleburg, FL 32068         |

14. I 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, with all other like empowered.

SIGNATURE: *John Lempke* **SIGNATURE REQUIRED** DATE: **3-29-99** DAYTIME PHONE #: **904-282-5587**

CR2E037 (1/98)