

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N41425 (2)**  
1. Corporation Name  
**SPRING LAKE UNITED METHODIST CHURCH, INC.**



Principal Place of Business  
**4191 SPRING LAKE HWY  
BROOKSVILLE FL 34601**

Mailing Address  
**4191 SPRING LAKE HWY  
BROOKSVILLE FL 34601**

3. Date Incorporated or Qualified  
**11/13/1990**

3a. Date of Last Report  
**04/10/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-3045317</b>		Applied For <input type="checkbox"/> Not Applicable	
21		26					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		Zip		Country	
24		25		29		30	

## 9. Name and Address of Current Registered Agent

**STAUFFER, REV DAVID  
4191 SPRING LAKE HWY  
BROOKSVILLE FL 34601**

## 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 provisions of, Section 617.0503, Florida Statutes.

SIGNATURE *REV. DAVID J. STAUFFER, JR.*  
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	PTC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, DOYLE	1.2 NAME	
STREET ADDRESS	26312 ROLLING ACRES DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL 34602	1.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL, DORIS	2.2 NAME	
STREET ADDRESS	5025 BASEBALL ROND RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL 34602	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, GWYNNE	3.2 NAME	
STREET ADDRESS	30460 PINE RIDGE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL 34602	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORTON, WALLY	4.2 NAME	
STREET ADDRESS	9335 BAHIA LOOP 7296 TWIN BRACK RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAND O' LAKES FL BROOKSVILLE FL 34601	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 as an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96 352-799-7028  
Date Daytime Phone #

CR2E037 (12/95)