

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 19 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 702224 (7)

1. Corporation Name

LAKEWOOD UNITED METHODIST CHURCH, INC.

Principal Place of Business

Mailing Address

5995 9TH ST. S.  
ST. PETE FL 33705  
US5995 9TH ST. S.  
ST. PETE FL 33705-3541  
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/03/1961

3a. Date of Last Report

02/23/1996

4. FEI Number

59-0954123

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes ☒ No

10. Name and Address of New Registered Agent

MILLER, JAMES R  
5995 9TH STREET SOUTH  
ST PETERSBURG, FL  
33705

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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CT	<input type="checkbox"/> DELETE
NAME	KNIGHT, RICHARD	
STREET ADDRESS	5218 6TH ST S	
CITY-ST-ZIP	ST. PETE FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	MILLER, JAMES R	
STREET ADDRESS	305 56TH AVE S.	
CITY-ST-ZIP	ST. PETE FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	JAMES R MILLER	
STREET ADDRESS	305 56TH AVENUE SOUTH	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	

TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	GRACE, EARL	
STREET ADDRESS	6100 12TH STREET SOUTH, #104	
CITY-ST-ZIP	ST. PETERSBURG FL	

TITLE	CP	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, JAMES R	
STREET ADDRESS	5995 9TH STREET SOUTH	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MITCHELL, JAMES A	
STREET ADDRESS	6230 4TH STREET SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	33705

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	6909 9 Street South #309
2.4 CITY-ST-ZIP	St. Petersburg, FL 33705

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	6909 9 Street South #309
3.4 CITY-ST-ZIP	St. Petersburg, FL 33705

4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SD
4.3 STREET ADDRESS	Trudy Green
4.4 CITY-ST-ZIP	950 56 Ave. S. St. Petersburg, Florida 33705

5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	Michael Horan
5.4 CITY-ST-ZIP	1991 67 Ave So St. Petersburg, Florida 33702

6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	Carl vonLossberg
6.4 CITY-ST-ZIP	135 58 Ave So St. Petersburg, Florida 33705

14. I do 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.

SIGNATURE:

James R. Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-97

Date

813-867-1744

Daytime Phone # 0050139

CR2E037 (9/96)