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Mar 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N32828 (8)**

1. Corporation Name  
**MIDDLEBURG UNITED METHODIST CHURCH, INC.**

Principal Place of Business <b>3925 MAIN STREET MIDDLEBURG FL 32068</b>	Mailing Address <b>3925 MAIN STREET MIDDLEBURG FL 32068</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified  
**06/14/1989**

4. FEI Number  
**59-1320369**

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD LEMPKE, JOHN 4810 GOPHER CIRCLE MIDDLEBURG FL	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD BREWER, DENVER 3999 BRONCO RD MIDDLEBURG FL	2.1 TITLE	Tr Herman Dyal
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	873 Arthur Moore Dr.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Green Cove Springs, FL 32043
TITLE	SD ROPIAK, ELLEN 4121 BUDINGTON'S LANDING CT MIDDLEBURG FL	3.1 TITLE	Tr Mary Turner
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	2568 Begonia Dr.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Middleburg, FL 32068
TITLE	VD DYAL, HERMAN 873 ARTHUR MOORE DRIVE GREEN COVE SPRINGS FL	4.1 TITLE	Tr Len Nordgren
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	762 Arthur Moore Dr.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Green Cove Springs, FL 32043
TITLE	D LYDA, SUZANNE 3627 SOUTHERN PINES DRIVE MIDDLEBURG FL	5.1 TITLE	S Lyda, Suzanne
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	3627 Southern Pines Dr.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Middleburg, FL 32068
TITLE	D MCLENDON, SCOTT 1696 EAGLES NOST LANE MIDDLEBURG FL	6.1 TITLE	V McLendon, Scott
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	1696 Eagles Nest Lane
CITY-ST-ZIP		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.

SIGNATURE: \_\_\_\_\_ 2/10/98 904-282-5589

CR2E037 (10/97)