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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 702224

1. Corporation Name

LAKEWOOD UNITED METHODIST CHURCH, INC.

Principal Place of Business

5995 9TH ST. S.
 ST. PETE FL 33705
 US

Mailing Address

5995 9TH ST. S.
 ST. PETE FL 33705
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

04/03/1961

4. FEI Number

59-0954123

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Election Campaign Financing

☐ **\$5.00** May Be

Added to Fees

9. Name and Address of Current Registered Agent

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

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

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 CD ☒ DELETE
 NAME KNIGHT, RICHARD
 STREET ADDRESS 5218 6TH ST S
 CITY-ST-ZIP ST. PETE FL

TITLE TD ☐ DELETE
 NAME JAMES R MILLER
 STREET ADDRESS 6909 9 ST SO. #309
 CITY-ST-ZIP ST PETERSBURG, FL 00000

TITLE SD ☒ DELETE
 NAME LEMERAND, DORIS
 STREET ADDRESS 761 68TH AVE S
 CITY-ST-ZIP ST. PETERSBURG FL 33705

TITLE D ☐ DELETE
 NAME HORAN, MICHAEL
 STREET ADDRESS 1991 67 AVE SO
 CITY-ST-ZIP ST PETERSBURG, FL 00000

TITLE D ☐ DELETE
 NAME VON LOSSBERG, CARL
 STREET ADDRESS 135 58 AVE SO.
 CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
 2.2 NAME TT
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
 3.2 NAME TS
 3.3 STREET ADDRESS Alvord, Deborah
 3.4 CITY-ST-ZIP 2515 Lynn Lake Circle South
 St. Petersburg, FL 33712

4.1 TITLE ☒ Change ☐ Addition
 4.2 NAME TV
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
 5.2 NAME TP
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)