

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 702224

**FILED**  
**Feb 15, 2010**  
**Secretary of State**

**Entity Name:** LAKEWOOD UNITED METHODIST CHURCH, INC.

**Current Principal Place of Business:**

5995 DR. ML KING ST SO  
ST. PETE, FL 33705 US

**New Principal Place of Business:**

**Current Mailing Address:**

5995 DR. ML KING ST SO  
ST. PETE, FL 33705 US

**New Mailing Address:**

**FEI Number:** 59-0954123

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARKER, CAROL  
1050 59 AVENUE SOUTH  
SAINT PETERSBURG, FL 33705 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: STAFFORD, BRUCE  
Address: 735 60 AVE SO  
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: P  
Name: CLEVELLE, LYNN  
Address: 5347 37 ST SO  
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: S  
Name: HITCHCOCK, MARGE  
Address: 6618 CANTON ST SO  
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: D  
Name: PLACZEK, JUDY  
Address: 1000 SERPENTINE SRIVE SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33705

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LYNN CLEVELLE

D

02/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date