

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90189 017 ****61.25

DOCUMENT # 701334

1. Corporation Name

THE LAKE REGION UNITARIAN FELLOWSHIP INC

Principal Place of Business

3140 TROY AVENUE
LAKELAND FL 33803

Mailing Address

3140 TROY AVENUE
LAKELAND FL 33803

221831 - 90189 - 17



2. Principal Place of Business

21

Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

09/19/1960

4. FEI Number

59-0242635

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 Fees

9. Name and Address of Current Registered Agent

R. H. BAUM
3140 TROY AVE
LAKELAND FL 33803

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

R. H. Baum

R. H. BAUM

2-21-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

T ☐ DELETE

NAME BODE, JOYCE L
STREET ADDRESS P O BOX 1587 N/A
CITY-ST-ZIP BOWLING GREEN FL

PT ☐ DELETE

NAME DOROTHY WARMAKE
STREET ADDRESS 756 VISTABULA
CITY-ST-ZIP LAKELAND FL

ST ☐ DELETE

NAME SIMMONS, PARRISH
STREET ADDRESS 832 SUCCESS ST
CITY-ST-ZIP LAKELAND FL

VPT ☒ DELETE

NAME GEORGE SPEESE
STREET ADDRESS 5701 STRATFORD LANE
CITY-ST-ZIP LAKELAND FL

☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☒ Addition

TR
Melinda Andreski
117 Shadow Lane
Lakeland, FL 33813

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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:

R. H. Baum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-99 (94) 686 8820
Date Daytime Phone #

CR2E037 (1/98)