2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# 702224

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 (X)**

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 ( ) Delete
Name: STAFFORD, BRUCE
Address: 735 60 AVE SO
City-St-Zip: SAINT PETERSBURG, FL 33705

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

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

Title: D ( ) Delete
Name: KNIGHT, JOANN
Address: 5216 6 ST SO
City-St-Zip: SAINT PETERSBURG, FL 33705

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LYNN CLEVELLE OFF. 03/11/2009

Electronic Signature of Signing Officer or Director — Date