FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 4:00

DOCUMENT # **703101** **(6)**

1. Corporation Name
LAKEWOOD PARK UNITED METHODIST CHURCH INC.

Principal Place of Business	Mailing Address
5405 TURNPIKE FEEDER RD FT PIERCE FL 34951	5405 TURNPIKE FEEDER RD FT PIERCE FL 34951

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/30/1961
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-2456953 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MYERS MARY ELLEN 135 CALLE DE LAGO FT. PIERCE FL 34951	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	☐ Change ☐ Addition
NAME	MYERS, MARY ELLEN	1.2 NAME	
STREET ADDRESS	135 CALLE DE LAGOS	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	HEADLEY, HARRY	2.2 NAME	
STREET ADDRESS	1679 WALDEN POND DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	DEVANEY, DEE	3.2 NAME	
STREET ADDRESS	7607 CITRUS PARK BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	WHITMAN, HAL	4.2 NAME	D Roger Travis
STREET ADDRESS	186 CALE DE LAGOS	4.3 STREET ADDRESS	6707 North Blvd.
CITY-ST-ZIP	FT PIERCE, FL 00000	4.4 CITY-ST-ZIP	Ft. Pierce, Fl. 34951
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	HOLT, ELIZABETH	5.2 NAME	
STREET ADDRESS	6103 SPRING GARDEN PL	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BANAHAN, DICK	6.2 NAME	
STREET ADDRESS	2 CORDILLERA	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Mary Ellen Myers, Trustee Chairperson 3/2/95 407-465-1107
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED OFFICER OR DIRECTOR — Date — Telephone Number
Mary Ellen Myers Mary Ellen

000744

STATE OF FLORIDA
DEPARTMENT OF REVENUE
CONSUMER'S CERTIFICATE OF EXEMPTION
Issued Pursuant to Sales and Use Tax Law
Chapter 212, Florida Statutes
This Certificate is Non-Transferable

89308

ISSUE DATE	EXPIRATION DATE	CERTIFICATE NUMBER	TYPE OF ORGANIZATION
09/31/93	08/31/98	66-02-017851-55C	RELIGIOUS

This is to certify that the organization indicated below is hereby exempt from the payment of Sales or Use Tax on the purchase or lease of tangible personal property, the lease of transient rental accommodations or real property.

Mailing Address:

LAKEWOOD PARK METHODIST CHURCH
5405 TURNPIPE FEEDER RD
FT PIERCE FL 34951-2363

Location Address:

5405 TURNPIPE FEEDER RD
FT PIERCE FL 34951-2363

EXECUTIVE DIRECTOR

SEE REVERSE SIDE FOR IMPORTANT INFORMATION.