

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 703101 (6)
1. Corporation Name
LAKEWOOD PARK UNITED METHODIST CHURCH INC.



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

Mailing Address
**5405 TURNPIKE FEEDER RD
FT PIERCE FL 34951**

3. Date Incorporated or Qualified
10/30/1961

3a. Date of Last Report
04/05/1995

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**MYERS MARY ELLEN
135 CALLE DE LAGO
FT. PIERCE FL 34951**

10. Name and Address of New Registered Agent

81 Name
Duane E. Lange

82 Street Address (P.O. Box Number is Not Acceptable)
9900 Gatsby Lane

83 City
Fort Pierce

84 State
FL

85 Zip Code
34945

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

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
C	MYERS, MARY ELLEN	135 CALLE DE LAGOS	FT. PIERCE FL	<input checked="" type="checkbox"/>
D	HEADLEY, HARRY	1679 WALDEN POND DR.	FT. PIERCE FL	<input checked="" type="checkbox"/>
D	DEVANEY, DEE	7807 CITRUS PARK BLVD.	FT PIERCE, FL 00000	<input checked="" type="checkbox"/>
D	TRAVIS, ROGER	6707 NORTH BLVD	FT PIERCE, FL 00000	<input type="checkbox"/>
T	HOLT, ELIZABETH	6103 SPRING GARDEN PL	FT. PIERCE FL	<input type="checkbox"/>
D	BANAHAN, DICK	2 CORDILLERA	FT. PIERCE FL	<input checked="" type="checkbox"/>

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
C	Duane E. Lange	9900 Gatsby Lane	Fort Pierce, FL 34945	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	W. Allen Fisher	1 Bolero	Fort Pierce, FL 34951	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Jeanne Martin	7906 Paso Robles	Fort Pierce, FL 34951	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Vernon L. Blanch	6655 Lila Court	Fort Pierce, FL 34951	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)