

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 14 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # 703101 (6)  
1. Corporation Name  
LAKEWOOD PARK UNITED METHODIST CHURCH INC.

Principal Place of Business

Mailing Address

5405 TURNPIKE FEEDER RD  
FT PIERCE FL 349515405 TURNPIKE FEEDER RD  
FT PIERCE FL 34951-23633. Date Incorporated or Qualified  
10/30/19613a. Date of Last Report  
02/07/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip Country

24

29

Zip Country

4. FEI Number

59-2456953

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes ☐ No

## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

LANGE, DUANE E  
9900 GATSBY LANE  
FT. PIERCE FL 34945

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	MYERS, MARY ELLEN	
STREET ADDRESS	135 CALLE DE LAGOS	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FISHER, W A	
STREET ADDRESS	1 BOLERO	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARTIN, JEANNE	
STREET ADDRESS	7906 PASO ROBLES	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TRAVIS, ROGER	
STREET ADDRESS	6707 NORTH BLVD	
CITY-ST-ZIP	FT PIERCE, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HOLT, ELIZABETH	
STREET ADDRESS	3015 SPRING BARDEN RD P O Box 650806	
CITY-ST-ZIP	FT PIERCE FL XXXXX Vero Beach, FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLANCH, VERNON L	
STREET ADDRESS	6655 LILA COURT	
CITY-ST-ZIP	FT. PIERCE FL	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dorothy Goebel	
1.3 STREET ADDRESS	6788 Mar Pacifico	
1.4 CITY-ST-ZIP	Fort Pierce, FL	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Cliff Andrews	
2.3 STREET ADDRESS	8005 Eden	
2.4 CITY-ST-ZIP	Fort Pierce, FL	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mary Heininger	
3.3 STREET ADDRESS	5205 Eagle Dr	
3.4 CITY-ST-ZIP	Fort Pierce, FL	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Luman Dial	
4.3 STREET ADDRESS	4804 Paleo Pines	
4.4 CITY-ST-ZIP	Fort Pierce, FL	
5.1 TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Duane Lange	
5.3 STREET ADDRESS	9900 Gatsby Lane	
5.4 CITY-ST-ZIP	Fort Pierce, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DUANE LANGE 1/27/97 561-465-1187

Date

Daytime Phone # 0070963

CR2E037 (9/96)