

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 02, 1999 8:00 am
Secretary of State

03-02-1999 90058 025 ****61.25

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DOCUMENT # 703101

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**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/30/1961

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

9. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
LANGE, DUANE
9900 GATSBY LN
FT. PIERCE FL 34945**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
FISHER, W A
1. BOLERO
FT. PIERCE FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
BECK, TED
33 ECUADOR WAY
FT. PIERCE FL 34951**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
PARSONS, CHARLES
6902 BAYARD RD
FT PIERCE FL 34951**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
GROVES, JOY
1951 S GARDEN GROVE CIR
VERO BCH FL 32962**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
BLANCH, VERNON L
6655 LILA COURT
FT. PIERCE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

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

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

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

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

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

**D
Biggins, Bob
6700 Lila Court
Ft. Pierce, FL 34951**

**D
Knouse, Mel
1 Tosca
Ft. Pierce, FL 34951**

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)