


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90086 023 ****70.00

DOCUMENT # 703101	
1. Entity 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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40004078



01112005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2456953	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GRIMES, MARJORIE 6701 NORTH BLVD FORT PIERCE, FL 34951	
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7. Name and Address of New Registered Agent Name <u>Patricia Williams</u> Street Address (P.O. Box Number is Not Acceptable) <u>849 Lake Orchid Cir</u> City <u>Vero Beach</u> FL Zip Code <u>32962</u>	
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <u>Patricia Williams</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u>1-12-05</u> <small>(NOTE: Registered Agent signature required when rechartering)</small>

Filing Fee is \$81.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOUST, JUSTIN 169 RIVER PALM DR FORT PIERCE, FL 34946 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNODGRASS, HARRY 6501 SALERNO RD FORT PIERCE, FL 34951 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREIRA, KATHY 7101 SANTA ROSA PKWY FT. PIERCE, FL 34951 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, ALLEN 1 BOLERO FT PIERCE, FL 34951 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGHES, PEG 48 CALLE DE LAGOS FORT PIERCE, FL 34951 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARMAN, KEVIN 8004 FT. WALTON AVE FT PIERCE, FL 34951 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>Wayne Snyder</u> <u>9510 Laurelwood Ct.</u> <u>FT. PIERCE, FL 34951</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>Richard Hornchek</u> <u>2154 4th Ct. SE</u> <u>Vero Beach, FL 32962</u>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.	
SIGNATURE: <u>Patricia Williams</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>1-12-05</u> Daytime Phone # <u>772 465-1189</u>