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DIVISION OF CORPORATIONS**

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CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morfham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 704307 (8)
 1. Corporation Name
UNITED METHODIST TEMPLE, LAKELAND, INC.

Principal Place of Business 2700 SOUTH FLORIDA AVE LAKELAND FL 33803	Mailing Address 2700 SOUTH FLORIDA AVE LAKELAND FL 33803
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/20/1962	3a. Date of Last Report 02/16/1994
4. FEI Number 59-6044079	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 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

**ALLEN, PHILIP O
1701 S FLORIDA AVE
LAKELAND FL 33801**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number Is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNETT, HOYT W	1.2 NAME	Bowne, Doug
STREET ADDRESS	117 W BEACON ROAD	1.3 STREET ADDRESS	1029 E. Highland Dr.
CITY - ST - ZIP	LAKELAND, FL 00000	1.4 CITY - ST - ZIP	Lakeland, FL
TITLE	C	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOSS, CHARLES	2.2 NAME	
STREET ADDRESS	1986 INDIAN TRAIL CT.	2.3 STREET ADDRESS	1311 Stratton Drive
CITY - ST - ZIP	LAKELAND FL	2.4 CITY - ST - ZIP	Lakeland, FL 33813
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTMANN, WILLIAM	3.2 NAME	
STREET ADDRESS	8733 POLEY CREEK DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYWARD, GEORGE	4.2 NAME	
STREET ADDRESS	321 WARREN CIR	4.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND, FL 00000	4.4 CITY - ST - ZIP	
TITLE	PD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERPLANCK, JAMES	5.2 NAME	
STREET ADDRESS	505 QUEENS LOOP N.	5.3 STREET ADDRESS	3525 Bridgefield Dr
CITY - ST - ZIP	LAKELAND, FL 00000	5.4 CITY - ST - ZIP	Lakeland, FL. 33803
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this report 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 contained 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 its receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an addres.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR