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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 704307

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

07/20/1962

22 City & State

27 City & State

4. FEI Number
 59-6044079

Applied For
 Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

24 25

29 30

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALLEN, PHILIP O
 1701 S FLORIDA AVE
 LAKELAND FL 33801

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	T	<input type="checkbox"/> DELETE
NAME	BOWNE, DOUG	
STREET ADDRESS	1029 E. HIGHLAND DR.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	BLOSS, CHARLES	
STREET ADDRESS	1311 STRATTON DRIVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCLINTIC, WAYNE	
STREET ADDRESS	5455 SHETLAND PLACE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAMMER, MARVIN	
STREET ADDRESS	2001 E. F. GRIFFIN RD	
CITY-ST-ZIP	BARTOW FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	VERPLANCK, JAMES	
STREET ADDRESS	3525 BRIDGEFIELD DR.	
CITY-ST-ZIP	LAKELAND, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	C
2.3 STREET ADDRESS	SALEMME, CHARLES
2.4 CITY-ST-ZIP	3245 STONEWATER DR LAKELAND FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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 REQUIRED**

3/1/99 499-6011
 941/646-2426

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (1/98)