

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90132 017 \*\*\*\*61.25

**DOCUMENT # 704307**

1. Entity 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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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-6044079</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**ALLEN, PHILIP O**  
**1701 S FLORIDA AVE**  
**LAKELAND FL 33801**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW... FEE IS \$61.25**

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
T URQUHART, LOUISE 5112 FAIRFIELD DR LAKELAND FL 33811	<input type="checkbox"/> Delete
D SALEMME, CHARLES 3245 STONEMASTER DR LAKELAND FL	<input checked="" type="checkbox"/> Delete
D TREVILLION, FRANK 2304 WOODBINE LAKELAND FL 33803	<input checked="" type="checkbox"/> Delete
C HAMMER, MARVIN 2001 E. F. GRIFFIN RD BARTOW FL	<input type="checkbox"/> Delete
PD VERPLANCK, JAMES 3525 BRIDGEFIELD DR. LAKELAND, FL 00000	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
C William Wyllie 2404 Cleveland Hts. Blvd. Lakeland, FL 33803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D MARVIN HAMMER 2001 E F GRIFFIN RD BARTOW, FL 33830	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIGNATURE REQUIRED *2/22/02* 863-688-3114  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)