

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704307

FILED
Mar 16, 2004
Secretary of State

Entity Name: UNITED METHODIST TEMPLE, LAKE LAND, INC.

Current Principal Place of Business:

2700 SOUTH FLORIDA AVE
LAKE LAND, FL 33803

New Principal Place of Business:

Current Mailing Address:

2700 SOUTH FLORIDA AVE
LAKE LAND, FL 33803

New Mailing Address:

FEI Number: 59-6044079 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ALLEN, PHILIP O
1701 S FLORIDA AVE
LAKE LAND, FL 33801

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: URQUHART, LOUISE
Address: 5112 FAIRFIELD DR
City-St-Zip: LAKE LAND, FL 33811

Title: C () Delete
Name: WYLLIE, WILLIAM
Address: 2404 CLEVELAND HTS. BLVD
City-St-Zip: LAKE LAND, FL 33803

Title: D () Delete
Name: HAMMER, MARVIN
Address: 2001 E. F. GRIFFIN RD
City-St-Zip: BARTOW, FL 33830

Title: PD () Delete
Name: VERPLANCK, JAMES,
Address: 3525 BRIDGEFIELD DR.
City-St-Zip: LAKE LAND, FL 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUISE URQUHART

T

03/16/2004

Electronic Signature of Signing Officer or Director

Date