

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704307

FILED  
Mar 12, 2007  
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 US

**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: 4918 COLONNADES CIRCLE W  
City-St-Zip: LAKE LAND, FL 33811

Title: C ( ) Delete  
Name: BOWNE, DOUGLAS  
Address: 1029 E HIGHLAND DRIVE  
City-St-Zip: LAKE LAND, FL 33813

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: S (X) Change ( ) Addition  
Name: URQUHART, LOUISE  
Address: 4918 COLONNADES CIRCLE W  
City-St-Zip: LAKE LAND, FL 33811

Title: T (X) Change ( ) Addition  
Name: BOWNE, DOUGLAS  
Address: 1029 E HIGHLAND DRIVE  
City-St-Zip: LAKE LAND, FL 33813

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

Title: D (X) Change ( ) Addition  
Name: SHIVELY, STANLEY  
Address: 4030 WINDCHIME LANE  
City-St-Zip: LAKE LAND, FL 33811

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

S

03/12/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date