

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707974 (2)
1. Corporation Name
INDIAN LAKE METHODIST CHURCH, INC.



Principal Place of Business Mailing Address
**600 DELAND AVENUE
P O BOX 7035
INDIAN LAKE ESTATES FL 33855**

3. Date Incorporated or Qualified **10/16/1964** 3a. Date of Last Report **02/13/1995**
4. FEI Number **59-1060857** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country
25 Country 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WOLF, JAMES P.
19 N. LANTANA DRIVE
INDIAN LAKE ESTATES FL 33855**

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
TITLE NAME ☐ DELETE
NAME **WOLF, JAMES**
STREET ADDRESS **P.O. BOX 7238 N/A**
CITY-ST-ZIP **INDIAN LAKE ESTATES FL 33855**
TITLE NAME ☐ DELETE
NAME **CD BUTLER, EMMETT**
STREET ADDRESS **P.O. BOX 7231 N/A**
CITY-ST-ZIP **INDIAN LAKE EST FL 33855**
TITLE NAME ☒ DELETE
NAME **D FARNSWORTH, FRED**
STREET ADDRESS **P.O. BOX 7763 N/A**
CITY-ST-ZIP **INDIAN LAKE ESTATES FL 33855**
TITLE NAME ☒ DELETE
NAME **D NANN, JULIA**
STREET ADDRESS **P.O. BOX 7811 N/A**
CITY-ST-ZIP **INDIAN LAKE ESTATES FL 33855**
TITLE NAME ☐ DELETE
NAME **D REX, DEAN**
STREET ADDRESS **P.O. BOX 7571 N/A**
CITY-ST-ZIP **INDIAN LAKE ESTATES FL 33855**
TITLE NAME ☒ DELETE
NAME **T SEEGER, JACK**
STREET ADDRESS **P.O. BOX 7270 N/A**
CITY-ST-ZIP **INDIAN LAKE ESTATES FL 33855**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **HOISER, MARY**
1.3 STREET ADDRESS **P.O. BOX 7032**
1.4 CITY-ST-ZIP **INDIAN LAKE ESTATES, FL 33855**
2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **SARGENT, GERALD**
2.3 STREET ADDRESS **P.O. BOX 7744**
2.4 CITY-ST-ZIP **INDIAN LAKE ESTATES, FL 33855**
3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME **TROYER, JULIA**
3.3 STREET ADDRESS **P.O. BOX 7054**
3.4 CITY-ST-ZIP **INDIAN LAKE ESTATES, FL 33855**
4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **NANN, KARL**
4.3 STREET ADDRESS **P.O. BOX 7811**
4.4 CITY-ST-ZIP **INDIAN LAKE ESTATES, FL 33855**
5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **MOORE, JAMES**
5.3 STREET ADDRESS **P.O. BOX 7796**
5.4 CITY-ST-ZIP **INDIAN LAKE ESTATES, FL 33855**
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 11, 1996 941/692-9074

Date Daytime Phone #

CR2E037 (12/95)