

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

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

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WOLF, JAMES</b>
STREET ADDRESS	<b>P.O. BOX 7238 N/A</b>
CITY-ST-ZIP	<b>INDIAN LAKE ESTATES FL 33855</b>
TITLE	<b>CD</b> <input type="checkbox"/> DELETE
NAME	<b>BUTLER, EMMETT</b>
STREET ADDRESS	<b>P.O. BOX 7231 N/A</b>
CITY-ST-ZIP	<b>INDIAN LAKE EST FL 33855</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>FARNSWORTH, FRED</b>
STREET ADDRESS	<b>P.O. BOX 7763 N/A</b>
CITY-ST-ZIP	<b>INDIAN LAKE ESTATES FL 33855</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>NANN, JULIA</b>
STREET ADDRESS	<b>P.O. BOX 7811 N/A</b>
CITY-ST-ZIP	<b>INDIAN LAKE ESTATES FL 33855</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>REX, DEAN</b>
STREET ADDRESS	<b>P.O. BOX 7571 N/A</b>
CITY-ST-ZIP	<b>INDIAN LAKE ESTATES FL 33855</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>SEEGER, JACK</b>
STREET ADDRESS	<b>P.O. BOX 7270 N/A</b>
CITY-ST-ZIP	<b>INDIAN LAKE ESTATES FL 33855</b>

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

*Emmett Butler*

**MARCH 11, 1996 941/692-9074**

Date Daytime Phone #

CR2E037 (12/95)