FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

600 DÉLAND AVENUE P O BOX 7035 INDIAN LAKE ESTATES FL 33855

2. Principal Place of Business

Sulte, Apt. #, etc.

City & State

21

22

23

24



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # 707974

(2)

INDIAN LAKE ESTATES FL 33855-7035

Mailing Address

600 DELAND AVENUE P O BOX 7035

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

29

INDIAN LÄKE METHODIST CHURCH, INC.

Country

25

Secreta	ry o	f S	tate
3. Date Incorporated or Qualified 10/16/1964	3a. Date 0	of Last R 3/21/19	eport 96
4. FEI Number 59-1060857	L		plied For
5. Certificate of Status Desired		\$8.75 / Fee Re	
Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	,
This corporation has liability for In Florida Statutes	tangible ta		199.032,
10. Name and Address of New Reg	latered Ag	ent	
s (P.O. Box Number is Not Acceptabl	e)		
	FL	85 Zip (Code
ation submits this statement for the pu 's board of directors. I hereby accept	irpose of cl the appoir	nanging it ntment as	s registered registered
when reinstalling) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND D	IRECTOR	S IN 12
	•	Change	Addition
I N. LAN FANA DR. DIAK LAKE EXYSTES, FL			238
ANTE STEDMAN		Change	Addition

FILED

Jun 09 1997 8:00am

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WOLF, JAMES P. 19 N. LANTANA DRIVE		81	Name	lame			
		82	Street	et Address (P.O. Box Number is Not Acceptable)			
			2				
indian i	AKE ESTATES FL 33855		83				
			64	City	85 Zip Code		
					FL		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida 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. 1 am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE Registered Agent signature required when reinstalling) DATE							
12.	Signature, typed or printed name of registered agent and little if applications OFFICERS AND DIRECTORS		13.	nt signature	required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D OFFICERS AND BIREGIONS		1.1 THE		CD Addition		
NAME	WOLF, JAMES		1.2 NAME		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
STREET ADDRESS	P.O. BOX 7238 N/A	-	1.3 STREET	ADDRESS	19 N. LANTANA DR. P.O. 130x 7238		
CITY-ST-ZIP	INDIAN LAKE ESTATES FL 33855		1.4 CITY-S		INDIAN LAKE EXYLIES, FL. 33855 Change Addition		
TITLE	CD		2.1 TITLE	1-211	Change Addition		
NAME	BUTLER, EMMETT	·	2.2 NAME		PLANTE, STEBMAN 406 PARK AVE P.O. BOX 7222		
STREET ADDRESS	P.O. BOX 7231 N/A		2.3 STREET	ADDRESS	406 PARK AVE - P. D. ISON 1222		
CITY-ST-ZIP	INDIAN LAKE EST FL 33855	l l	2. 4 CITY - S	ST - ZIP	INDIAN LAKE KIMITED) FL 77000		
TITLE	D	DELETE	3.1 TITLE		ENGLAND, RUTH ENGLAND, RUTH P.O. BOX7425 26LANTANA DR.		
NAME	TROYER, JULIA	1	32 NAME		ENGLAND, KWTH		
STREET ADDRESS	P.O. BOX 7054		3.3 STREET	ADDRESS	P.O. BOX7425 26LANTANA DR.		
CITY-ST-ZIP	INDIAN LAKES ESTATES FL		3 4. CITY- S	37 - 2 1P	INDIAN LAKE ESTATES, FL. 73855		
TITLE	D	DELETE	4.1 TITLE		Change Addition		
NAME	nann, Karl		4. 2 NAME				
STREET ADDRESS	P.O. BOX 7811		4.3 STREET	ADDRESS			
CITY-ST-ZIP	INDIAN LAKE ESTATES FL		4.4 CITY - S	T-ZIP			
TITLE	0	⊠ DELETE	5.1 TITLE		D Change MADLE CARTER, MADLE P.O. BOX 7458 12 PALMETTO DR. FINIMAN LAKE ESTATES, FL 33855 MICHANGE MADDIE MADDIE		
NAME	REX, DEAN		5.2 NAME		CARTER, MADRE		
STREET ADDRESS	P.O. BOX 7571 N/A	li li	5.3 STREET	ADDRESS	P.O. 130x 7458 12 FARMETTO DK.		
CITY-ST-ZIP	INDIAN LAKE ESTATES FL 33855		5.4 CITY - S	T-ZIP	FHYMAN LAKE KYATES, FL 33855		
TITLE	D	DELETE	6.1 TITLE		' ✓ Change ☐ Addition		
NAME .	MOORE, JAMES		6.2 NAME				
STREET ADDRESS	P.O. BOX 7796 NA		6.8 STREET		708 ALBADR. P.U. BOX 7796		
CITY-\$T-ZIP	INDIAN LAKE ESTATES FL		6.4 CITY-S	T-ZIP	INDIAN LAKE ESTATES, FC. 33855		
 I do hereb information 	ATY-ST-ZIP INDIAN LAKE ESTATES FL 6.4 CITY-ST-ZIP INDIAN LAKE ESTATES FL 7. I do 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 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						

Country

30

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutés. 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 3 if changed, or on an attachment with an address.

R2E037 (9/96)