

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90144 044 ****61.25

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DOCUMENT # 707974

1. Corporation Name

INDIAN LAKE METHODIST CHURCH, INC.

Principal Place of Business

**600 DELAND AVENUE
P O BOX 7035
INDIAN LAKE ESTATES FL 33855**

Mailing Address

**600 DELAND AVENUE
P O BOX 7035
INDIAN LAKE ESTATES FL 33855**

112061-90144.54 1 *



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
10/16/1964

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-1060857

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CD** ☐ DELETE
NAME **WOLF, JAMES**
STREET ADDRESS **19 N LANTANA DR, PO BOX 7238**
CITY-ST-ZIP **INDIAN LAKE ESTATES FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **PLANTE, STEDMAN**
STREET ADDRESS **406 PARK AVE, P.O.BOX 7222**
CITY-ST-ZIP **INDIAN LAKE EST FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **ENGLAND, RUTH**
STREET ADDRESS **P.O. BOX 7425, 26 LANTANA DR**
CITY-ST-ZIP **INDIAN LAKES ESTATES FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **CARTER, MABLE**
STREET ADDRESS **P.O. BOX 7748, 12 PLAMETTO DR**
CITY-ST-ZIP **INDIAN LAKE ESTATES FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **MOORE, JAMES**
STREET ADDRESS **708 ALBA DR, P.O. BOX 7796**
CITY-ST-ZIP **INDIAN LAKE ESTATES FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16 Jan 99 941-692-1244
Date Daytime Phone #

CR2E037 (1/98)