

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90061 007 \*\*\*\*61.25

**DOCUMENT # 707974**

1. Entity Name

**INDIAN LAKE METHODIST CHURCH, INC.**

Principal Place of Business

**47**  
~~600~~ DELAND AVENUE  
P O BOX 7035  
INDIAN LAKE ESTATES FL 33855

Mailing Address

**47**  
~~600~~ DELAND AVENUE  
P O BOX 7035  
INDIAN LAKE ESTATES FL 33855

2. Principal Place of Business

**47 Deland Avenue**

Suite, Apt. #, etc.

**P.O. Box 7035**

City & State

**Indian Lake Estates, FL**

Zip

**33855**

Country

**POLK**

3. Mailing Address

**47 Deland Ave.**

Suite, Apt. #, etc.

**P.O. Box 7035**

City & State

**Indian Lake Estates, FL**

Zip

**33855**

Country

**POLK**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-1060857**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE **D** ☒ Delete  
NAME **POST, CORILDA**  
STREET ADDRESS **44 LIMONIA DR.**  
CITY-ST-ZIP **INDIAN LAKE EST FL**

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

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

TITLE **D** ☐ Delete  
NAME **FARNESWORTH, FRED**  
STREET ADDRESS **40 LIMONIA DR**  
CITY-ST-ZIP **INDIAN LAKE ESTATES FL**

TITLE **D** ☐ Delete  
NAME **BUTLER, EMMETT**  
STREET ADDRESS **44 LIMONIA DR.**  
CITY-ST-ZIP **INDIAN LAKE ESTATES, FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **GRAHAM JON L.**  
STREET ADDRESS **44A DELAND AVE.**  
CITY-ST-ZIP **INDIAN LAKE ESTATES, FL.**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **JAMES P. WOLF**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**27 Feb. 2002 863-692-1244**  
Date Daytime Phone #

CR2E037 (9/01)