

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90063 044 ****61.25

DOCUMENT # 707974

1. Entity Name
INDIAN LAKE METHODIST CHURCH, INC.



Principal Place of Business
6910 DELAND AVE
PO BOX 7035
INDIAN LAKE ESTATES, FL 33855

Mailing Address
6910 DELAND AVE
PO BOX 7035
INDIAN LAKE ESTATES, FL 33855

40029701



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02222007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

59-1060857

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PELTIER, CHESTER K
2022 ROSALIE LAKE ROAD
LAKE WALES, FL 33898

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DT
NAME SWEARS, GAIL ☐ Delete
STREET ADDRESS P.O. BOX 7007 - 74 RED GRANGE BLVD.
CITY ST ZIP INDIAN LAKE EST, FL 33855

TITLE C ☐ Change ☒ Addition
NAME CHESTER K PELTIER
STREET ADDRESS 2022 ROSALIE LAKE ROAD
CITY ST ZIP LAKE WALES, FL 33898

TITLE D ☐ Delete
NAME BRACKETT, ROGER
STREET ADDRESS P.O. BOX 7833 - 110 ALAMANDA DRIVE
CITY ST ZIP INDIAN LAKE EST., FL 33855

TITLE D ☐ Change ☒ Addition
NAME RICHARD MARETT
STREET ADDRESS PO Box 7061
CITY ST ZIP INDIAN LAKE ESTATES FL 33855

TITLE D ☐ Delete
NAME MCKEE, JIM
STREET ADDRESS P.O. BOX 7212
CITY ST ZIP INDIAN LAKE EST, FL 33855

TITLE D ☐ Change ☒ Addition
NAME JEAN THOMPSON
STREET ADDRESS PO Box 7383
CITY ST ZIP INDIAN LAKE ESTATES FL 33855

TITLE D ☐ Delete
NAME STEARNS, ROBERTA
STREET ADDRESS P.O. BOX 7543 - 611 CAMELIA DRIVE
CITY ST ZIP INDIAN LAKE EST., FL 33855

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE D ☐ Delete
NAME SWEARS, BURRELL
STREET ADDRESS P.O. BOX 7007 - 74 RED GRANGE BLVD.
CITY ST ZIP INDIAN LAKE EST., FL 33855

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE D ☒ Delete
NAME SMITH, VIGIN
STREET ADDRESS P.O. BOX 7868
CITY ST ZIP INDIAN LAKE EST., FL 33855

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 exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/07

1-863-696-3149