

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90441 014 ****61.25

DOCUMENT # 707974

1. Entity Name

INDIAN LAKE METHODIST CHURCH, INC.



Principal Place of Business

**47 DELAND AVE
PO BOX 7035
INDIAN LAKE ESTATES FL 33855**

Mailing Address

**47 DELAND AVE
PO BOX 7035
INDIAN LAKE ESTATES FL 33855**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **VE** ☐ Change ☒ Addition
NAME **PELTIER, CHESTER**
STREET ADDRESS **2022 ROSALIE LAKE RD.**
CITY-ST-ZIP **LAKE WALES, FL. 33853**

TITLE **D** ☐ Delete
NAME **GRAHAM, JON L**
STREET ADDRESS **44A DELAND AVE**
CITY-ST-ZIP **INDIAN LAKE EST FL**

TITLE **D** ☐ Change ☒ Addition
NAME **FORREST, HARRY**
STREET ADDRESS **43 ORLANDO, DR.**
CITY-ST-ZIP **INDIAN LAKE ESTATES, FL. 33855**

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

TITLE **D** ☐ Change ☒ Addition
NAME **SMITH, VIRGIL**
STREET ADDRESS **41A DELAND, AVE.**
CITY-ST-ZIP **INDIAN LAKE ESTATES, FL. 33855**

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

1/15/03

863-692-1244

CR2E037 (10/02)