FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 AM 9:07

DOCUMENT # 708476 (7)

1. Corporation Name

LOCKHART METHODIST CHURCH, INC.

Principal Place of Business	Mailing Address
7400 MOTT AVE PO BOX 607186 ORLANDO FL 32860-7186	7400 MOTT AVE PO BOX 607186 ORLANDO FL 32860-7186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/11/1965
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-1439349 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

LAWSON, GEORGE JR.
6718 SPARROW BUSH HILL
ORLANDO FL 32810

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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	TV	1.1 TITLE	T	☐ Change ☒ Addition
NAME	CAMPBELL, JERRY	1.2 NAME	KENDALL, Goldie	
STREET ADDRESS	1110 BALTIMORE DRIVE	1.3 STREET ADDRESS	5491 Journal Ave.	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, FL 32810	
TITLE	S	2.1 TITLE		☐ Change ☐ Addition
NAME	FREY, EDNA	2.2 NAME		
STREET ADDRESS	4601 JIM GLENN DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP		
TITLE	DC	3.1 TITLE	C	☒ Change ☐ Addition
NAME	LAWSON, GEORGE B. JR.	3.2 NAME		
STREET ADDRESS	6718 SPARROW BUSH HILL	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	T	☐ Change ☒ Addition
NAME	GRESHAM, JOYCE	4.2 NAME	CAMPBELL, Phyllis	
STREET ADDRESS	1545 OAK TREE COURT	4.3 STREET ADDRESS	1110 Baltimore Dr.	
CITY-ST-ZIP	APOPKA FL	4.4 CITY-ST-ZIP	Orlando, FL 32810	
TITLE	D	5.1 TITLE	T	☒ Change ☐ Addition
NAME	STAEHLER, RON	5.2 NAME		
STREET ADDRESS	7830 WHISPER PL	5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	T	☐ Change ☒ Addition
NAME	BRADY, JOHN	6.2 NAME	PARKER, Pete	
STREET ADDRESS	5022 BEAR LAKE CIRCLE	6.3 STREET ADDRESS	3911 Caswell Dr.	
CITY-ST-ZIP	APOPKA FL	6.4 CITY-ST-ZIP	Orlando FL 32810	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 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.

SIGNATURE: GEORGE B. LAWSON, JR. (CHAIRMAN) George B. Lawson Jr. 03/14/95 (407) 294-2977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

0034047