

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

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PO BOX 607186
ORLANDO FL 32860-7186**



3. Date Incorporated or Qualified

02/11/1965

3a. Date of Last Report

03/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

7301 EDGEWATER DRIVE

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23

28

ORLANDO, FL

Zip

Country

Zip

Country

24

25

29

32810

30

ORANGE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

TITLE	K	<input checked="" type="checkbox"/> DELETE
NAME	KENDALL, GOLDIE	
STREET ADDRESS	5401 JOURNAL AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FREY, EDNA	
STREET ADDRESS	4601 JIM GLENN DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	LAWSON, GEORGE B. JR.	
STREET ADDRESS	6718 SPARROW BUSH HILL	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CAMPBELL, PHYLLIS	
STREET ADDRESS	1110 BALTIMORE DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	STAEHLER, RON	
STREET ADDRESS	7800 WHISPER PL	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PARKER, PETE	
STREET ADDRESS	3911 CASTELL DR	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	T MAX KREBS
1.3 STREET ADDRESS	5784 LAKEVILLE RD.
1.4 CITY-ST-ZIP	ORLANDO, FL. 32818
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DORIS DOSS
2.3 STREET ADDRESS	7444 WINDSOME CT.
2.4 CITY-ST-ZIP	ORLANDO, FL. 32810
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BUD DILLPORT
5.3 STREET ADDRESS	5264 INDIAN LAUREL CT.
5.4 CITY-ST-ZIP	ORLANDO, FL 32808
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(k), 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. **George B. LAWSON, JR.** 04/17/96 (407) 294-2977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (12/95)