
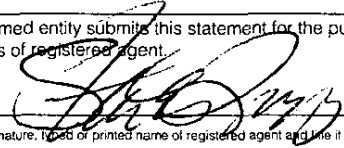
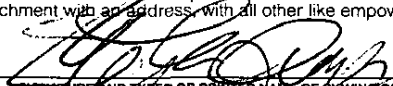


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90036 004 \*\*\*\*61.25

<b>DOCUMENT # 708476</b> 1. Entity Name <b>LOCKHART METHODIST CHURCH, INC.</b>					
Principal Place of Business <b>7400 MOTT AVE PO BOX 607186 ORLANDO FL 32810</b>			Mailing Address <b>7301 EDGEWATER DRIVE ORLANDO FL 32810 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1439349</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WHEELER, PERRY 8008 ROSE AVE. ORLANDO FL 32810</b>				Name <b>Steve Rugg</b> Street Address (P.O. Box Number is Not Acceptable) <b>7348 Radiant Circle</b> City <b>Orlando, FL</b> Zip Code <b>32810</b>	
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 		<b>Steve Rugg, Trustees Chairperson</b>		<b>2/9/04</b>	
Signature, hand or printed name of registered agent and file if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MASSEY, NORA</b> <b>1326 LAKE ASHER CIRCLE</b> <b>APOPKA FL 32703</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>William Massey</b> <b>1326 Lake Asher Circle</b> <b>Apopka, FL 32703</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WILLIAM, TALBOTT J</b> <b>5416 WISTER LANE</b> <b>ORLANDO FL 32810</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pastor</b> <b>Cathy C. Thacker</b> <b>814 Hastings Drive</b> <b>Kissimmee, FL 34744</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SANFORD, EILEEN</b> <b>380 WINCHESTER PLACE</b> <b>LONGWOOD FL 32779</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SANFORD, DAN</b> <b>380 WINCHESTER PLACE</b> <b>LONGWOOD FL 32779</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LL</b> <b>WOLKING, ELLEN</b> <b>6436 RIDGE TERRACE</b> <b>ORLANDO FL 32810</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>PARKER, PETE</b> <b>3911 CASTELL DR</b> <b>ORLANDO FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		<b>Steve Rugg</b>		<b>2/9/04</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # <b>407/295-3726</b>	