

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90027 042 ****61.25

DOCUMENT # 708476

1. Entity Name
LOCKHART METHODIST CHURCH, INC.



Principal Place of Business

7400 MOTT AVE
PO BOX 607186
ORLANDO, FL 32810

Mailing Address

7301 EDGEWATER DRIVE
ORLANDO, FL 32810 US

40005306



01102005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1439349

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~BLISS, STEVE~~ **PERRY WHEELER**
~~7348 RADIANT CIRCLE~~ **8008 ROSE AVE.**
ORLANDO, FL 32810

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IN THIS SPACE**

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

Filing Fee is \$61.25
Due by May 1, 2005.

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	MASSEY, WILLIAM
STREET ADDRESS	1326 LAKE ASHER CIRCLE
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	P
NAME	THACKER, CATHY C
STREET ADDRESS	814 HASTINGS DRIVE
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	S
NAME	SANFORD, EILEEN
STREET ADDRESS	380 WINCHESTER PLACE
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	T
NAME	SANFORD, DAN
STREET ADDRESS	380 WINCHESTER PLACE
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	LL
NAME	WOLKING, ELLEN
STREET ADDRESS	6436 RIDGE TERRACE
CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	T
NAME	PARKER, PETE
STREET ADDRESS	3911 CASTELL DR
CITY-ST-ZIP	ORLANDO, FL

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #