

**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

APPROVED  
AND  
FILED

195 MAR -3 AM 9:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 709985 (6)

1. Corporation Name  
THE UNITED METHODIST CHURCH DISTRICT BOARD OF MISSIONS AND CHURCH EXTENSION OF LAKELAND DISTRICT

Principal Place of Business Mailing Address  
1140 E. McDONALD ST. 1140 E. McDONALD ST.  
LAKELAND FL 33801 LAKELAND FL 33801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/29/1965  
3a. Date of Last Report 03/04/1994  
4. FEI Number 59-0975855  
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country  
24 Zip 25 Country 29 Zip 30 Country

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

9. Name and Address of Current Registered Agent  
COPELAND DELMAS M  
1140 E McDONALD STREET  
LAKELAND FL 33801

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 re-registering) DATE

12. OFFICERS AND DIRECTORS  
TITLE PD  
NAME KOEHL, CHAR LES W  
STREET ADDRESS 815 ROLLING WOODS LANE  
CITY - ST - ZIP LAKELAND FL  
TITLE VD  
NAME MOENNING, DAVID C  
STREET ADDRESS P.O. BOX 934 N/A / E BROADWAY AT PINE  
CITY - ST - ZIP FT. MEADE FL  
TITLE D  
NAME PERIMAN, BARBARA  
STREET ADDRESS 675 S WILSON AVENUE  
CITY - ST - ZIP BARTOW FL  
TITLE D  
NAME BAUER, R. PAUL  
STREET ADDRESS 2700 S. FL AVE  
CITY - ST - ZIP LAKELAND FL  
TITLE D  
NAME BLACK, KATIE  
STREET ADDRESS 3440 WHITMAN CIRCLE  
CITY - ST - ZIP LAKELAND FL  
TITLE D  
NAME KELLEY, EDITH  
STREET ADDRESS 245 LAKESIDE RANCH  
CITY - ST - ZIP WINTER HAVEN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE VD  Change  Addition  
2.2 NAME Wolfe, William H.  
2.3 STREET ADDRESS 202 W. Church Ave.  
2.4 CITY - ST - ZIP Dade City, FL 33525  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE  Change  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)(b), 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 maintain 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 attached sheet with an address.

SIGNATURE: *Charles W. Koehl*  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

2/23/95 813-647-1148