

# 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 # **709985**

(6)

1. Corporation Name

**THE UNITED METHODIST CHURCH DISTRICT BOARD OF MISSIONS AND CHURCH EXTENSION OF LAKE LAND DISTRICT**

Principal Place of Business

**1140 E. McDONALD ST.  
LAKE LAND FL 33801**

Mailing Address

**1140 E. McDONALD ST.  
LAKE LAND FL 33801**



3. Date Incorporated or Qualified

**11/29/1965**

3a. Date of Last Report

**03/03/1995**

4. FEI Number

**59-0975855**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

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

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**COPELAND DELMAS M  
1140 E McDONALD STREET  
LAKE LAND FL 33801**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

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 in parentheses

(Name of Registered Agent to be typed when registered with the corporation)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

**KOEHL, CHARLES W  
815 ROLLING WOODS LANE  
LAKE LAND FL**

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

VD

**WOLFE, WILLIAM H.  
202 W. CHURCH AVE.  
DADE CITY FL**

☒ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

**PERIMAN, BARBARA  
675 S WILSON AVENUE  
BARTOW FL**

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

**BAUER, R. PAUL  
2700 S. FL AVE  
LAKE LAND FL**

☒ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

D S

**BLACK, KATIE  
3440 WHITMAN CIRCLE  
LAKE LAND FL**

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

**KELLEY, EDITH  
245 LAKESIDE RANCH  
WINTER HAVEN FL**

☒ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**Koehl, Charles W.  
Correct Spelling**

☒ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

**VD  
William Gill  
2255 W Helen Circle  
Bartow FL 33830**

☒ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

**T  
Patricia A. Krause  
1735 Quail Run  
Lake land FL 33809**

☐ Change

☒ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**D  
Lamar A. Albritton, Jr.  
424 W Daughtery RD  
Lake land FL 33809**

☒ Change

☐ Addition

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:

*Charles W. Koehl*

Charles W. Koehl 3/27/96

941-647-1148

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE OF FILING

CP2E037 (12/95)