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Mar 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 LAKELAND DISTRICT



Principal Place of Business

Mailing Address

1140 E. McDONALD ST.  
LAKELAND FL 33801

1140 E. McDONALD ST.  
LAKELAND FL 33801-5841

3. Date Incorporated or Qualified  
11/29/1965

3a. Date of Last Report  
04/02/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
59-0975855

Applied For  
Not Applicable

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COPELAND DELMAS M  
1140 E McDONALD STREET  
LAKELAND FL 33801

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: *William C. Koehl* Dist Superintendent 3/3/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KOEHL, CHARLES W.	
STREET ADDRESS	815 ROLLING WOODS LANE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GILL, WILLIAM	
STREET ADDRESS	2255 W HELEN CIRCLE	
CITY-ST-ZIP	BARTOW FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PERIMAN, BARBARA	
STREET ADDRESS	675 S WILSON AVENUE	
CITY-ST-ZIP	BARTOW FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KRAUSE, PATRICIA A.	
STREET ADDRESS	1735 QUAIL RUN	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BLACK, KATIE	
STREET ADDRESS	3440 WHITMAN CIRCLE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALBRITTON, LAMAR A. JR	
STREET ADDRESS	424 W DAUGHTERY RD	
CITY-ST-ZIP	LAKELAND FL	

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jeffery Ramsland	
1.3 STREET ADDRESS	207 N 7th Ave	
1.4 CITY-ST-ZIP	Wauchula FL 33873	
2.1 TITLE	P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gill, William	
2.3 STREET ADDRESS	2255 W Helen Circle	
2.4 CITY-ST-ZIP	Bartow FL 33830	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Dennis White	
3.3 STREET ADDRESS	PO Box 145 (NA)	
3.4 CITY-ST-ZIP	Davenport FL 33837	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *William C. Koehl* 3/3/97 941-688-5563

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0052418

CR2E037 (9/96)