


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 1140 E. McDONALD ST. LAKELAND FL 33801 | Mailing Address 1140 E. McDONALD ST. LAKELAND FL 33801 |
|--|--|

| | | | |
|--|------------------------------------|---|---|
| 3. Date Incorporated or Qualified 11/29/1965 | 4. FEI Number 59-0975855 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |
|--|------------------------------------|---|---|

| | |
|---|---|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. | 2a. Mailing Address 26 PO Box 2625 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State Lakeland FL |
| 23 Zip | 28 Zip 33806-2625 |
| 24 Country | 29 Country Polk |

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 |
| 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 *Delmas M. Copeland* **Delmas M. Copeland District Supt.** DATE **3/26/98**

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|--|
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | RAMSLAND, JEFFREY | |
| STREET ADDRESS | 207 N 7TH AVE | |
| CITY-ST-ZIP | WACHULA FL | |
| TITLE | PD | <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 | PERMAN, BARBARA | |
| STREET ADDRESS | 675 S WILSON AVENUE | |
| CITY-ST-ZIP | BARTOW FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | KRAUSE, PATRICIA A. | |
| STREET ADDRESS | 1735 QUAIL RUN | |
| CITY-ST-ZIP | LAKELAND FL | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | WHITE, DENNIS | |
| STREET ADDRESS | PO BOX 145 N/A | |
| CITY-ST-ZIP | DAVENPORT FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | ALBRITTON, LAMAR A. JR | |
| STREET ADDRESS | 424 W DAUGHTERY RD | |
| CITY-ST-ZIP | LAKELAND FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|----------------------------------|--|
| 1.1 TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Alligood, Lerbi | |
| 1.3 STREET ADDRESS | PO Box 236 310 Church Ave | |
| 1.4 CITY-ST-ZIP | Bowling Green FL 33834 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 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 | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | Hauptert-Johnson, Sue E. | |
| 5.3 STREET ADDRESS | 72 Lake Morton Dr. | |
| 5.4 CITY-ST-ZIP | Lakeland FL 33801 | |
| 6.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | Sargeant, Carol Ann | |
| 6.3 STREET ADDRESS | 114 Lake Otis Rd | |
| 6.4 CITY-ST-ZIP | Winter Haven FL 33884 | |

14. 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 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: *Patricia A. Krause* **Patricia A. Krause, Treasurer** DATE **3/26/98**

CR2E037 (10/97)