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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
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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**



3. Date Incorporated or Qualified

11/29/1965

4. FEI Number

59-0975855

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **PO Box 2625**

22 City & State

27 Suite, Apt. #, etc.

23 Zip

28 **Lakeland**

FL

24 Country

29 **33806-2625**

30 **Polk**

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

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

Delmas M. Copeland

Delmas M. Copeland

District Supt.

3/26/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **SD** ☒ DELETE
NAME **RAMSLAND, JEFFREY**
STREET ADDRESS **207 N 7TH AVE**
CITY-ST-ZIP **WACHULA FL**

1.1 TITLE **SD** ☒ Change ☐ Addition
1.2 NAME **Alligood, Lerbi**
1.3 STREET ADDRESS **PO Box 235 310 Church Ave**
1.4 CITY-ST-ZIP **Bowling Green FL 33834**

TITLE **PD** ☐ DELETE
NAME **GILL, WILLIAM**
STREET ADDRESS **2255 W HELEN CIRCLE**
CITY-ST-ZIP **BARTOW FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **PERMAN, BARBARA**
STREET ADDRESS **675 S WILSON AVENUE**
CITY-ST-ZIP **BARTOW FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **KRAUSE, PATRICIA A.**
STREET ADDRESS **1735 QUAIL RUN**
CITY-ST-ZIP **LAKELAND FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **VD** ☒ DELETE
NAME **WHITE, DENNIS**
STREET ADDRESS **PO BOX 145 N/A**
CITY-ST-ZIP **DAVENPORT FL**

5.1 TITLE **VD** ☒ Change ☐ Addition
5.2 NAME **Hauptert-Johnson, Sue E.**
5.3 STREET ADDRESS **72 Lake Morton Dr.**
5.4 CITY-ST-ZIP **Lakeland FL 33801**

TITLE **D** ☒ DELETE
NAME **ALBRITTON, LAMAR A. JR**
STREET ADDRESS **424 W DAUGHTERY RD**
CITY-ST-ZIP **LAKELAND FL**

6.1 TITLE **D** ☒ Change ☐ 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

3/26/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 888-888-8888

CR2E037 (10/97)