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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 709985

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

PO BOX 2625
 LAKE LAND FL 33806-625
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/29/1965

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-0975855

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip

25 Country

29 Zip

30 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COPELAND DELMAS M
 1140 E MCDONALD STREET
 LAKE LAND FL 33801

81 Name
 Aldo O. Martin

82 Street Address (P.O. Box Number is Not Acceptable)
 1140 E. McDonald St

83

84 City
 Lakeland

FL

85 Zip Code
 33801

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: *Aldo O. Martin*
 Signature, typed or printed name of registered agent and title if applicable.

District Superintendent

4/13/99

(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: ALLIGOOD, LERBI
 STREET ADDRESS: PO BOX 235, 310 CHURCH AVE
 CITY-ST-ZIP: BOWLING GREEN FL 33834

1.1 TITLE: SD Change Addition
 1.2 NAME: Nora Ramirez
 1.3 STREET ADDRESS: 719 N Mass. Ave
 1.4 CITY-ST-ZIP: Lakeland FL 33801

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: PERIMAN, 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: T DELETE
 NAME: KRAUSE, PATRICIA A.
 STREET ADDRESS: 1735 QUAIL RUN
 CITY-ST-ZIP: LAKE LAND FL

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

TITLE: VD DELETE
 NAME: HAUPERT-JOHNSON, SUE E
 STREET ADDRESS: 72 LAKE MORTON DR
 CITY-ST-ZIP: LAKE LAND FL 33801

5.1 TITLE: D Change Addition
 5.2 NAME: Robert Siegel
 5.3 STREET ADDRESS: 8805 Tom Costine Rd
 5.4 CITY-ST-ZIP: Lakeland FL 33809

TITLE: D DELETE
 NAME: SARGEANT, CAROL ANN
 STREET ADDRESS: 114 LAKE OTIS RD
 CITY-ST-ZIP: WINTER HAVEN FL 33884

6.1 TITLE: D Change Addition
 6.2 NAME: Patrica Steed
 6.3 STREET ADDRESS: 2248 Cystal Grove Lane
 6.4 CITY-ST-ZIP: Lakeland FL 33801

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *Patricia Steed* SIGNATURE REQUIRED: *Treasurer* 4/13/99 941-688-5563
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/1/98)