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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

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

11/29/1965

4. FEI Number

59-0975855

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

COPELAND DELMAS M
1140 E MCDONALD STREET
LAKE LAND FL 33801

10. Name and Address of New Registered Agent

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

TITLE SD ☒ DELETE
NAME ALLIGOOD, LERBI
STREET ADDRESS PO BOX 235, 310 CHURCH AVE
CITY-ST-ZIP BOWLING GREEN FL 33834

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

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

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

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

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE D ☐ Change ☐ Addition
6.2 NAME Patrica Steed
6.3 STREET ADDRESS 2248 Cyrstal 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: *Patrica 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 (1/198)