

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90020 021 \*\*\*\*61.25



**DOCUMENT # 709985**  
 1. Entity Name  
**THE UNITED METHODIST CHURCH DISTRICT BOARD OF MISSIONS AND CHURCH EXTENSION OF LAKELAND DISTRICT**

Principal Place of Business  
**4740 CLEVELAND HEIGHTS BLVD SUITE #2 LAKELAND, FL 33813**

Mailing Address  
**PO BOX 2625 LAKELAND, FL 33806-625 US**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

03112004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-0975855** Applied For  
 Not Applicable

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



**6. Name and Address of Current Registered Agent**

**MARTIN, ALDO O**  
**1140 E MCDONALD STREET**  
**LAKELAND, FL 33801**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2004**

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

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>SP P</b>	<input type="checkbox"/> Delete
NAME	<b>RAMIREZ, NORA</b>	
STREET ADDRESS	<b>719 N. MASS AVE.</b>	
CITY-ST-ZIP	<b>LAKELAND, FL 33801</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>FISHER, JOSEPH</b>	
STREET ADDRESS	<b>316 ARIANA BLVD</b>	
CITY-ST-ZIP	<b>AUBURNDALE, FL 33823</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>KRAUSE, PATRICIA A.</b>	
STREET ADDRESS	<b>1735 QUAIL RUN</b>	
CITY-ST-ZIP	<b>LAKELAND, FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SIEGEL, ROBERT</b>	
STREET ADDRESS	<b>8805 TOM COSTINE RD</b>	
CITY-ST-ZIP	<b>LAKELAND, FL 33809</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>STEED, PATRICIA</b>	
STREET ADDRESS	<b>2248 CRYSTAL GROVE LANE</b>	
CITY-ST-ZIP	<b>LAKELAND, FL 33801</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>S PAMELA C. Rhodes</b>	
STREET ADDRESS	<b>28 W ORANGE St</b>	
CITY-ST-ZIP	<b>DAVENPORT, FLA. 33837</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Patricia A. Krause PATRICIA A. KRAUSE 3/11/04 863-647-9628  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #