

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90417 004 ****70.00

DOCUMENT # 710969

1. Entity Name
**THE FIRST UNITED METHODIST CHURCH OF
LAKELAND, INC.**



Principal Place of Business
**72 LAKE MORTON DRIVE
LAKELAND, FL 33801**

Mailing Address
**72 LAKE MORTON DRIVE
LAKELAND, FL 33801**

40071997



03272007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0657325

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPENCER, SAM
1639 CRYSTAL LAKE DRIVE
LAKELAND, FL**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
CANNON III, JOHN T MR
332 EUNICE AVENUE
LAKELAND, FL 33803**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SURBER, JOHN
113 SHADOW LANE
LAKELAND, FL 33813**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SHEETS, SAMUEL G
1725 ATHENS COURT
LAKELAND, FL 338033475**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HICKEY, LISA HICKEY
419 PENINSULAR DR
LAKELAND, FL 33813**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

John T. Cannon III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John T. Cannon III

Date

Daytime Phone #

4-10-07 863 683-9006