

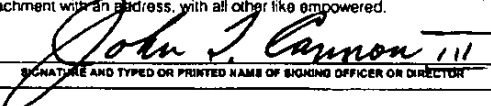
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2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-0657325		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		04232008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SPENCER, SAM 1639 CRYSTAL LAKE DRIVE LAKELAND, FL		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 Sam Spencer		DATE 4/25/08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CANNON III, JOHN T MR 332 EUNICE AVENUE LAKELAND, FL 33803 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert W. Teston 525 Tiffany Terrace Lakeland, FL 33813-1116 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SURBER, JOHN 113 SHADOW LANE LAKELAND, FL 33813 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sandra Sheets 1725 Athens Court Lakeland, FL 33803-3475 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEETS, SAMUEL G 1725 ATHENS COURT LAKELAND, FL 338033475 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Deborah Bretz 5858 Lake Victoria Drive Lakeland, FL 33813-4710 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICKEY, LISA 419 PENINSULAR DR LAKELAND, FL 33813 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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, Treasurer 863-683-9006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/25/08 Date Daytime Phone #	