

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90103 016 ****61.25

DOCUMENT # 712327

1. Entity Name
**LAKE PANASOFFKEE UNITED METHODIST CHURCH,
INC.**



Principal Place of Business
589 C.R. 470
LAKE PANASOFFKEE, FL 33538

Mailing Address
PO BOX 156
LAKE PANASOFFKEE, FL 33538

50057585



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07052005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2328188

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THORNTON, RANDALL N
2031 CR 470
LAKE PANASOFFKEE, FL 33538

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

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 September 7, 2005

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 ☐ Delete
NAME **S NELSON, COREY**
STREET ADDRESS **2279 CR 412**
CITY-ST-ZIP **LAKE PANASOFFKEE, FL 33538**

TITLE ☒ Delete
NAME **P NELSON, MEREL C**
STREET ADDRESS **2279 CR 412**
CITY-ST-ZIP **LAKE PANASOFFKEE, FL 33538**

TITLE ☐ Delete
NAME **T DALEY, PETER**
STREET ADDRESS **2928 CR 422 A**
CITY-ST-ZIP **LAKE PANASOFFKEE, FL 33538**

TITLE ☐ Delete
NAME **T MELIN, CHARLES**
STREET ADDRESS **4312 SW 45TH AVENUE**
CITY-ST-ZIP **LAKE PANASOFFKEE, FL 33538**

TITLE ☐ Delete
NAME **T GRASSO, GARY**
STREET ADDRESS **5551 SW 18TH TERRACE**
CITY-ST-ZIP **BUSHNELL, FL 33513**

TITLE ☒ Delete
NAME **T GRANT, JEFF**
STREET ADDRESS **1835 SE 14TH PLACE**
CITY-ST-ZIP **SUMTERVILLE, FL 33585**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **P DOBKINS, BETTYE J.**
STREET ADDRESS **2588 CR 447**
CITY-ST-ZIP **LAKE PANASOFFKEE, FL 33538**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **T MC CARTNEY, GENE**
STREET ADDRESS **1336 CR 454, LOT 9**
CITY-ST-ZIP **LAKE PANASOFFKEE, FL 33538**

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: *Bettye J. Dobkins* **BETTYE J. DOBKINS** 7/21/2005 (352) 793-3438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #