


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90077 002 \*\*\*\*70.00

<b>DOCUMENT # 714353</b>					
1. Entity Name LADY LAKE UNITED METHODIST CHURCH, INC.					
Principal Place of Business 109 W. MCCLENDON STREET LADY LAKE, FL 32159			Mailing Address 109 W. MCCLENDON STREET LADY LAKE, FL 32159		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1537929	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WEAVER, CORY D 125 EAST LADY LAKE BLVD LADY LAKE, FL 32159			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: <u>Cory D Weaver Chair Board Trustee LLUMC</u> <i>[Signature]</i> <u>1/6/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME	D VINCENT, SUE <input type="checkbox"/> Delete	TITLE NAME	Jerry Crawford <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D	
STREET ADDRESS	2209 MARGARITA DRIVE	STREET ADDRESS	10159 S.E. 174th ST		
CITY-ST-ZIP	THE VILLAGES, FL 32162	CITY-ST-ZIP	Summerfield, FL 34491		
TITLE NAME	ST MORRISON, MARY ANN <input type="checkbox"/> Delete	TITLE NAME	Fred Baltrusch <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	V/D	
STREET ADDRESS	1021 RICHARD DR.	STREET ADDRESS	9408 S.E. 167th Place		
CITY-ST-ZIP	LADY LAKE, FL 32159	CITY-ST-ZIP	Summerfield, FL 34491		
TITLE NAME	P WEAVER, CORY D <input type="checkbox"/> Delete	TITLE NAME	Sue Ann Dolinsky <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D	
STREET ADDRESS	125 E. LADY LAKE BLVD	STREET ADDRESS	2105 Edgewood Ave		
CITY-ST-ZIP	LADY LAKE, FL 32159	CITY-ST-ZIP	Leesburg, FL 34748		
TITLE NAME	D SAMPLES, WIL <input checked="" type="checkbox"/> Delete	TITLE NAME	Calvin Grabofski <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D	
STREET ADDRESS	1005 RICHARD DRIVE	STREET ADDRESS	901 Lietski Lane		
CITY-ST-ZIP	LADY LAKE, FL 32159	CITY-ST-ZIP	Lady Lake, FL 32159		
TITLE NAME	T WEATHERS, GAUIS <input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	2934 GRIFFIN VIEW DR., LOT 137	STREET ADDRESS			
CITY-ST-ZIP	LADY LAKE, FL 32159	CITY-ST-ZIP			
TITLE NAME	D SCHWALLER, GERRY <input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	409 SNEAD DR	STREET ADDRESS			
CITY-ST-ZIP	LADY LAKE, FL 32159	CITY-ST-ZIP			
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: <u>Cory D Weaver Chair Board Trustee LLUMC</u> <i>[Signature]</i> <u>1/6/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

(352)753-1136