

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

| | | |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| NONPROFIT CORPORATION ANNUAL REPORT 1996 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

DOCUMENT # **717558** (1)
1. Corporation Name
CHRIST UNITED METHODIST CHURCH OF LAKE LAND, INC.



| | |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Principal Place of Business 745 LAKE MIRIAM DRIVE LAKE LAND FL 33813-2152 | Mailing Address 745 LAKE MIRIAM DRIVE LAKE LAND FL 33813-2152 |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|

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|--------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified 11/05/1969 | 3a. Date of Last Report 05/01/1995 |
|--------------------------------------------------------|----------------------------------------------|

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| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | 4. FEI Number 59-6532651 Applied For Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

9. Name and Address of Current Registered Agent

**WESTBROOK, MICHAEL
5415 MARINA COVE
LAKE LAND FL 33813**

10. Name and Address of New Registered Agent

| | |
|-------------------------------------------------------|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Michael Westbrook*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

6-18-96
DATE

12. OFFICERS AND DIRECTORS

| | | | | |
|-------|------------------|-----------------------------|-----------------|--------------------------|
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | DELETE |
| | WESTBROOK, MIKE | 745 LAKE MIRIAM DRIVE | LAKE LAND FL | <input type="checkbox"/> |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | DELETE |
| | SMITHER, RICHARD | 745 LAKE MIRIAM DRIVE | LAKE LAND FL | <input type="checkbox"/> |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | DELETE |
| | ARMOLD, MILLIE | 2425 HARDEN BOULEVARD, #223 | LAKE LAND FL | <input type="checkbox"/> |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | DELETE |
| | HALEY, STEPHEN | 709 SAGEWOOD DRIVE | LAKE LAND FL | <input type="checkbox"/> |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | DELETE |
| | | | | <input type="checkbox"/> |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | DELETE |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|--------|----------|
| 1.1 TITLE | Change | Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY - ST - ZIP | | |
| 2.1 TITLE | Change | Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY - ST - ZIP | | |
| 3.1 TITLE | Change | Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY - ST - ZIP | | |
| 4.1 TITLE | Change | Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY - ST - ZIP | | |
| 5.1 TITLE | Change | Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | | |
| 6.1 TITLE | Change | Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY - ST - ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael Westbrook*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-18-96
Date

(941) 646-3213
Daytime Phone #

CR2E037 (3/96)