

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
May 12 1997 8:00am  
Secretary of StateDOCUMENT # 717558 (1)  
1. Corporation Name  
CHRIST UNITED METHODIST CHURCH OF LAKE LAND, INC.Principal Place of Business Mailing Address  
745 LAKE MIRIAM DRIVE 745 LAKE MIRIAM DRIVE  
LAKE LAND FL 33813-2152 LAKE LAND FL 33813-21523. Date Incorporated or Qualified 11/05/1969 3a. Date of Last Report 06/25/1996  
4. FEI Number 59-6532651 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 25 Country 29 Country 30 Country

## 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 Mary Smither  
82 Street Address (P.O. Box Number is Not Acceptable) 2319 Eastmeadows Rd.  
83  
84 City Lakeland FL 85 Zip Code 33813

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 Mary B. Smither  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-97

## 12. OFFICERS AND DIRECTORS

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

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mary Smither	
1.3 STREET ADDRESS	745 Lake Miriam Dr.	
1.4 CITY-ST-ZIP	Lakeland, FL 33813	
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sherri Lingle	
2.3 STREET ADDRESS	745 Lake Miriam Dr.	
2.4 CITY-ST-ZIP	Lakeland, FL 33813	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Gary Wiese	
3.3 STREET ADDRESS	745 Lake Miriam Dr.	
3.4 CITY-ST-ZIP	Lakeland, FL 33813	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Lanny Sheffield	
4.3 STREET ADDRESS	745 Lake Miriam Dr.	
4.4 CITY-ST-ZIP	Lakeland, FL 33813	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Mary B. Smither  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-97

Date

Daytime Phone # 0053116

CR2E037 (9/96)