

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90057 041 \*\*\*\*61.25

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**DOCUMENT # 717558**

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

11/05/1969

4. FEI Number

59-6532651

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

JOHNSON, DOROTHY  
745 LAKE MIRIAM DR  
LAKE LAND FL 33813

10. Name and Address of New Registered Agent

81 Name

Varner, Don

82 Street Address (P.O. Box Number is Not Acceptable)

2151 Stoney Pointe Dr.

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Donald R. Varner 1-13-99

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, DOROTHY	
STREET ADDRESS	745 LAKE MIRIAM DR.	
CITY-ST-ZIP	LAKE LAND FL 33813	

TITLE	T	<input type="checkbox"/> DELETE
NAME	LINGLE, SHERRI	
STREET ADDRESS	745 LAKE MIRIAM DR.	
CITY-ST-ZIP	LAKE LAND FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WIESE, GARY	
STREET ADDRESS	745 LAKE MIRIAM DR.	
CITY-ST-ZIP	LAKE LAND FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHEFFIELD, LANNY	
STREET ADDRESS	745 LAKE MIRIAM DR.	
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	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Varner, Don	
1.3 STREET ADDRESS	2151 Stoney Pointe Dr.	
1.4 CITY-ST-ZIP	Lakeland, FL 33813	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE	Tr	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Hebb, Mark	
3.3 STREET ADDRESS	4983 Foxrun	
3.4 CITY-ST-ZIP	Lakeland, FL 33813	

4.1 TITLE	Tr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Johnson, Gordon	
4.3 STREET ADDRESS	4631 Burgundy Pl	
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-99

Date

647-5309

Daytime Phone #

CR2E037 (11/98)