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

DOCUMENT #717558

CHRIST UNITED METHODIST CHURCH OF LAKELAND, INC.



FILED Apr 30, 2008 8:00 am Secretary of State 04-30-2008 90182 048 ****61.25

Principal Place of Business
745 LAKE MIRIAM DRIVE
TAKELAND FL 33913.2151

745 LAKE MIRIAM DRIVE LAKELAND, FL 33813-2152				Mailing Address 745 LAKE MIRIAM DRIVE LAKELAND, FL 33813-2152									
2. Principal Place of Business - No P.O. Box #				3. Mailing Address									
Suite, Apt.	#, etc.	Su	Suite, Apt. #, etc.				04252008 Chg-NP CR2E037 (12/06)						
City & Stat	e	Ci	City & State				4. FEI Number Applied For 59-6532651 Not Applicable						
Zip		Country		Zip Cou				5. Certificate of Status Desired					
	6. Name a	and Address of Currer	nt Registere	ed Agent				7. Name and	Address of	New Register	red Ago	ent	
DEAGE H	ENIDV					Name							
PEASE, HENRY 745 LAKE MIRIAM DR LAKELAND, FL 33813						Street Address (P.O. Box Number is Not Acceptable)							
						City						Zip Code	•
											FL		
the obligat	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 trilla if applicable. (NOTF: Registered Agent signature required when reinstating) DATE													
Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Trust Fund Contrib						-		\$5.00 May Be Added to Fees Make check payable to Florida Department of State					
10.	OFFICERS AND DIRECTORS 11.				11.			ADDITIONS/CH/	ANGES TO O	FFICERS AN	D DIRE	CTORS IN	10
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NAME	PEASE, HENRY					Lann	y Sheffia 5 South C	अंदर , ७)	یہ				
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I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #