FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

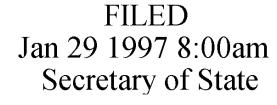
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

740784

(4)

LENA VISTA UNITED METHODIST CHURCH, INC.





Principal Plac	e of Business	Mailing Address				1 188111 188111 188111 188111 188111					
401 S. BERKLEY ROAD AUBURNDALE FL 33823		401 S. BERKLEY ROAD AUBURNDALE FL 33823-3817									
						3. Date Incorporated or Qualified 11/16/1977	3a. Da	te of L 04/1]
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number 59-2951873	Applied For Not Applicable					
Sulte, Apt.	#, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required					
City & State	6	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip Cou 29 30				8. This corporation has liability for intangible tax under s. 1 Florida Statutes				1	
24	9. Name and Address of Currer		1301			10. Name and Address of New Rec					┪
			81	1 1	Name		•				┪
NEEDS,			82	2 5	Street Add	ress (P.O. Box Number is Not Acceptab	le)				$\frac{1}{2}$
	ove Ridge dr Haven Fl 33880		83	3		······	_				\dashv
,,,,,,			84	4 (City	····	FL	85	Zip C	Code	1
office or r	to the provisions of Sections 617.050 registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was a	authorized b	ov th	named cor ne corpora	poration submits this statement for the pation's board of directors. I hereby accep	urpose of t the appo	chang ointme	ing its nt as i	registered registered	1
	Signature, typed or printed name of registered age	ent and title if applicable (NOT	E Registered Ag	geri s	signature requ	ired when reinstating)	DATE				╛.
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND				_]8
TITLE	PD	☐ DELETE	1.1 TITLE					Ch	ange	Addition	3
NAME	MILLER, MS. JAN		1,2 NAME								ŀ
STREET ADDRESS	113 LAKESIDE DRIVE		1,3 STREE	1,3 STREET ADDRESS							\(i
CITY-ST-ZIP	AUBURNDALE FL		1.4 CITY-	ST-Z	7IP						_[8
TITLE	VO	DELETE	2.1 TITLE					☐ Ch	ange	Addition	ľ
NAME	NEED, MS. ERMA		2.2 NAME								
STREET ADDRESS	213 GROVERIDGE DRIVE		2.3 STREE	ET ADI	DRESS						
CITY-ST-ZIP	WINTER HAVEN FL		2. 4 CITY -	- ST-	21P						_[
TITLE	CD	DELETE	31 TITLE					☐ Ch	ange	Addition	1
NAME	HOLDER, GEORGE		3.2 NAME		Ì	•]
STREET ADDRESS	204 OSCEOLA AVE		3.3 STREE	ET ADI	ORESS						1
CITY-ST-ZIP	LAKE ALFRED FL	3.4. (- ST- 7	ZIP						
TITLE		DELETE 4.11			T.			Ch	ange	Addition	
NAME			4. 2 NAME	E	1						
STREET ADDRESS			4.3 STREE	ET AD	DRESS						١
CITY-ST-ZIP			4.4 CITY -	ST-Z	ZIP						╛
TITLE		DELETE	5.1 TITLE		}			☐ Ch	ange	Addition	
NAME			5.2 NAME	:	Ì						Ì
STREET ADDRESS			53 STREE	T ADI	DRESS						-
CITY-ST-ZIP			5.4 CITY-	ST-Z	ZIP						_[
TITLE		DELETE	6.1 TITLE		Ţ <u></u>			Ch	ange	Addition	
NAME	6.		6.2 NAME		- 1						
STREET ADDRESS	1		6.3 STREE	ET ADI	DRESS						1
CITY-ST-ZIP	<u> </u>		64 CITY-	ST-Z	ZHP						
14. do heret	by certify that the information supplie	d with this filing does not qualif	fy for the exi	emr	otion state	d in Section 119.07(3)(i), Florida Statutes	Lfurther	certify	that t	he	7

I have a power of the corporation of the corporation of the exemption stated in Section 119.07(3)(i). Florida Statutes. 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.

CICMATURE.

Commo R Y Leeds

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