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**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90191 019 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 740784**

1. Corporation Name

**LENA VISTA UNITED METHODIST CHURCH, INC.**

Principal Place of Business  
 401 S. BERKLEY ROAD  
 AUBURNDAL FL 33823

Mailing Address  
 401 S. BERKLEY ROAD  
 AUBURNDAL FL 33823

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 <b>P.O. Box 426</b>		11/16/1977	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23 <b>AUBURNDAL FL</b>		28 <b>AUBURNDAL FL</b>		59-2951873	
24 Zip		29 <b>33823</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
25 Country		30 <b>POLK</b>		6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent

**NEEDS, ERMA**  
**213 GROVE RIDGE DR**  
**WINTER HAVEN FL 33880**

10. Name and Address of New Registered Agent

81 Name **COFFMAN, CAROLE**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**412 KEUKA DR.**  
 83  
 84 City **AUBURNDAL FL** 85 Zip Code **33823**

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 **CAROLE COFFMAN** *Carole Coffman* **2/5/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>TND</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MILLER, MS. JAN</b>	1.2 NAME	<b>STARNER, LEWIS</b>
STREET ADDRESS	<b>113 LAKESIDE DRIVE</b>	1.3 STREET ADDRESS	<b>404 MCLEWEE</b>
CITY-ST-ZIP	<b>AUBURNDAL FL</b>	1.4 CITY-ST-ZIP	<b>AUBURNDAL, FL 33823</b>
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>STD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NEED, MS. ERMA</b>	2.2 NAME	<b>COFFMAN, CAROLE</b>
STREET ADDRESS	<b>213 GROVERIDGE DRIVE</b>	2.3 STREET ADDRESS	<b>412 KEUKA DR.</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	2.4 CITY-ST-ZIP	<b>AUBURNDAL, FL 33823</b>
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	<b>CD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WELLS, LUELLA</b>	3.2 NAME	<b>SPRINGER, HARY</b>
STREET ADDRESS	<b>1311 HWY 92 W - LOT 131</b>	3.3 STREET ADDRESS	<b>208 OLD DIXIE</b>
CITY-ST-ZIP	<b>AUBURNDAL FL 33823</b>	3.4 CITY-ST-ZIP	<b>AUBURNDAL, FL 33823</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **CAROLE COFFMAN** *Carole Coffman* **2/5/99** **941-967-8071**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)