


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2007 8:00 am
Secretary of State

07-18-2007 90045 048 ****70.00

DOCUMENT # 743205 1. Entity Name MEMORIAL UNITED METHODIST CHURCH OF LAKE PLACID, INC.	
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Principal Place of Business 500 KENT AVE. LAKE PLACID, FL 33852	Mailing Address 500 KENT AVE. LAKE PLACID, FL 33852
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07052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2244760	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DEBRICKS, THOMAS C 3511 PAR ROAD SEBRING, FL 33872 <i>Richard McConnell</i> <i>101 Deanna Dr.</i> <i>Lake Placid, FL</i> <i>33852</i>	DO NOT WRITE IN THIS SPACE
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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 <i>Richard McConnell</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<i>Finance Adm.</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	<i>7-9-07</i> <small>DATE</small>

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAUSEY, JOHN 108 LK JUNE RD LAKE PLACID, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DURRANCE, DAN 1125 PEACHTREE DR LAKE PLACID, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STALLS, SONNY 296 E LAKE PEARL DR LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RIDER, MIKE 85 SIRENA DR LAKE PLACID, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESCOBAR, OMAR 1221 LANE CLAY DRIVE LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REYNOLDS, C. L. SR 521 LAKE FRANCIS RD LAKE PLACID, FL

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>7-10-07</i> <small>Date</small>	<i>863-465-2422</i> <small>Daytime Phone #</small>