

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

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90013 015 ****70.00

DOCUMENT # 743205

1. Entity Name

**MEMORIAL UNITED METHODIST CHURCH OF LAKE
PLACID, INC.**



Principal Place of Business

**500 KENT AVE.
LAKE PLACID, FL 33852**

Mailing Address

**500 KENT AVE.
LAKE PLACID, FL 33852**

DO NOT WRITE IN THIS SPACE



01292008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-2244760

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KOUKOS, JENNIFER T
10 MEADOWLAKE DR
LAKE PLACID, FL 33852**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution.



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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CAUSEY, JOHN
STREET ADDRESS	108 LK JUNE RD
CITY-ST-ZIP	LAKE PLACID, FL
TITLE	D
NAME	DURRANCE, DAN
STREET ADDRESS	1125 PEACHTREE DR
CITY-ST-ZIP	LAKE PLACID, FL
TITLE	T
NAME	STALLS, SONNY
STREET ADDRESS	296 E LAKE PEARL DR
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	V
NAME	RIDER, MIKE
STREET ADDRESS	86 SIRENA DR 45 Meadowlake Cir. S.
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	D
NAME	ESCOBAR, OMAR
STREET ADDRESS	1221 LANE CLAY DRIVE
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	S
NAME	REYNOLDS, C. L. SR
STREET ADDRESS	521 LAKE FRANCIS RD
CITY-ST-ZIP	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

S.H. STALLS

2-5-08 863-465-2422