

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 23, 2008  
Secretary of State

DOCUMENT# 745562

**Entity Name:** THE SOUTH ATLANTIC CONFERENCE OF THE FREE METHODIST CHURCH OF NORTH AMERICA, INC.

**Current Principal Place of Business:**

5421 SHARON TRAIL  
LAKELAND, FL 33810 US

**New Principal Place of Business:**

**Current Mailing Address:**

5421 SHARON TRAIL  
LAKELAND, FL 33810 US

**New Mailing Address:**

**FEI Number:** 59-6511994      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEHMAN, RICHARD A  
5421 SHARON TRAIL  
LAKELAND, FL 33810 US

**Name and Address of New Registered Agent:**

LEHMAN, MARJORIE B  
5421 SHARON TRAIL  
LAKELAND, FL 33810 US

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.

SIGNATURE: MARJORIE B. LEHMAN

04/23/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VCD ( ) Delete  
Name: LEHMAN, RICHARD  
Address: 5421 SHARON TR  
City-St-Zip: LAKELAND, FL 33810

Title: P ( ) Delete  
Name: RILEY, DARREL  
Address: 4842 WALNUT RIDGE DR.  
City-St-Zip: ORLANDO, FL 32829 US

Title: D ( ) Delete  
Name: WILKINS, STEVEN  
Address: 5401 BETHANY WAY #23  
City-St-Zip: LAKELAND, FL 33810

Title: S ( ) Delete  
Name: PANNELL, DONNA  
Address: 6101 N. ARMANIA AVE.  
City-St-Zip: TAMPA, FL 33604

Title: T (X) Delete  
Name: LEHMAN, MARJORIE  
Address: 5421 SHARON TRAIL  
City-St-Zip: LAKELAND, FL 33810 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: LEHMAN, MARJORIE B  
Address: 5421 SHARON TR  
City-St-Zip: LAKELAND, FL 33810 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip: US

Title: D (X) Change ( ) Addition  
Name: WILKINS, STEVEN  
Address: 5401 BETHANY WAY #23  
City-St-Zip: LAKELAND, FL 33810 US

Title: S (X) Change ( ) Addition  
Name: PANNELL, DONNA  
Address: 6101 N. ARMANIA AVE.  
City-St-Zip: TAMPA, FL 33604 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARJORIE B. LEHMAN

T

04/23/2008

Electronic Signature of Signing Officer or Director

Date