

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750826 (0)

1. Corporation Name

LAKESIDE UNITED METHODIST CHURCH, INC.

Principal Place of Business

**1801 12TH AVENUE SOUTH
LAKE WORTH FL 33461-2799**

Mailing Address

**1801 12TH AVENUE SOUTH
LAKE WORTH FL 33461-2799**



3. Date Incorporated or Qualified
01/29/1980

3a. Date of Last Report
03/30/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-1109353

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARLENE ASHDOWN SIMMONS
919 S. LAKESIDE PLACE
LANTANA FL 33462**

DELETE

81 Name
William B. Flewellen, Jr.

82 Street Address (P.O. Box Number is Not Acceptable)
517 N. Country Club Dr.

83

84 City
Atlantis

FL

85 Zip Code
33462

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 WB Flewellen, Jr. **William B. Flewellen, Jr., President Jan. 18, 1996**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VP** ☐ DELETE
NAME **FRANK HAMILTON**
STREET ADDRESS **3120 LAKE OSBORNE DRIVE APT. 202**
CITY-ST-ZIP **LAKE WORTH FL**

1.1 TITLE **P** ☐ Change ☒ Addition
1.2 NAME **William B. Flewellen, Jr.**
1.3 STREET ADDRESS **517 N. Country Club Dr.**
1.4 CITY-ST-ZIP **Atlantis, FL 33462**

TITLE **D** ☐ DELETE
NAME **SCARLETT, MARY**
STREET ADDRESS **1075 JAMES RD**
CITY-ST-ZIP **LANTANA FL**

2.1 TITLE **S** ☐ Change ☒ Addition
2.2 NAME **Michael Garrett**
2.3 STREET ADDRESS **201 Plum Tree Dr.**
2.4 CITY-ST-ZIP **Lantana, FL 33462**

TITLE **D** ☐ DELETE
NAME **MEERMANS, GLADYS**
STREET ADDRESS **104 SAN JUAN DR**
CITY-ST-ZIP **PALMS SPRINGS FL**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Dennis G. Roberts**
3.3 STREET ADDRESS **921 Mulberry St.**
3.4 CITY-ST-ZIP **Lake Worth, FL 33461**

TITLE **P** ☒ DELETE
NAME **MARLENE ASHDOWN SIMMONS**
STREET ADDRESS **919 S. LAKESIDE PLACE**
CITY-ST-ZIP **LANTANA FL**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **Donald Ledger**
4.3 STREET ADDRESS **1950 Lake Osborne Dr., Apt. 19**
4.4 CITY-ST-ZIP **Lake Worth, FL 33462**

TITLE **D** ☒ DELETE
NAME **KNAPP, FRANK**
STREET ADDRESS **7742 BLAIRWOOD CIR**
CITY-ST-ZIP **LAKE WORTH FL**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Lori Tyson**
5.3 STREET ADDRESS **120 N. 13 Place**
5.4 CITY-ST-ZIP **Lantana, FL 33462**

TITLE **S** ☒ DELETE
NAME **RUTH CROSSLIN**
STREET ADDRESS **6405 JEWFISH CAY**
CITY-ST-ZIP **LANTANA FL**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **David Van Vleet**
6.3 STREET ADDRESS **6065 Pine Dr.**
6.4 CITY-ST-ZIP **Lantana, FL 33462**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: WB Flewellen, Jr. **William B. Flewellen, Jr., President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan. 18, 1996 407-967-3618

CR2E037 (12/95)