

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

1801 12TH AVENUE SOUTH
LAKE WORTH FL 33461-27991801 12TH AVENUE SOUTH
LAKE WORTH FL 33461-57713. Date Incorporated or Qualified
01/29/19803a. Date of Last Report
01/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

4. FEI Number

59-1109353

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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

FLEWELLEN, WILLIAM B. JR.
517 N. COUNTRY CLUB DR.
ATLANTIS FL 33462

81 Name David H. Van Vleet

82 Street Address (P.O. Box Number is Not Acceptable)
6065 Pine Drive

83

84 City Lantana

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP
NAME FRANK HAMILTON
STREET ADDRESS 3120 LAKE OSBORNE DRIVE APT. 202
CITY-ST-ZIP LAKE WORTH FLTITLE D
NAME SCARLETT, MARY
STREET ADDRESS 1075 JAMES RD
CITY-ST-ZIP LANTANA FLTITLE D
NAME MEERMANS, GLADYS
STREET ADDRESS 104 SAN JUAN DR
CITY-ST-ZIP PALMS SPRINGS FLTITLE D
NAME LEDGER, DONALD
STREET ADDRESS 1950 LAKE OSBORNE DR. APT. 19
CITY-ST-ZIP LAKE WORTH FLTITLE D
NAME TYSON, LORI
STREET ADDRESS 120 N. 13TH PLACE
CITY-ST-ZIP LANTANA FLTITLE D
NAME VLEET, DAVID VAN
STREET ADDRESS 6065 PINE DR.
CITY-ST-ZIP LANTANA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP
1.2 NAME Dennis Simmons
1.3 STREET ADDRESS 919 S. Lakeside Place
1.4 CITY-ST-ZIP Lantana, FL 334622.1 TITLE D
2.2 NAME Dennis Roberts
2.3 STREET ADDRESS 921 Mulberry Street
2.4 CITY-ST-ZIP Lake Worth, FL 334613.1 TITLE S
3.2 NAME Michael Garrett
3.3 STREET ADDRESS 201 Plum Tree Drive
3.4 CITY-ST-ZIP Lantana, FL 334624.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE D
6.2 NAME Kenneth Chennell
6.3 STREET ADDRESS 2704 Park Drive
6.4 CITY-ST-ZIP Lantana, FL 33462

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0043579

CR2E037 (9/96)