FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 DOCUMENT #

(0)

LAKESIDE UNITED METHODIST CHURCH, INC.

Principal Place of Business Mailing Address					1 /40111 19501 Affil Anton Intif (1818 Aftit Atlait All	nie Ermii acail atali âiâil iaat
1801 12TH AVENUE SOUTH 1801 12TH AVENUE SOUTH				3. Date Incorporated or Qualified		
LAKE WORTH FL 33461-2799		LAKE WORTH FL 33461-2799	LAKE WORTH FL 33461-2799		01/29/1980	
					4. FEI Number	Applied For
					59-1109353	Not Applicable
2. Principal f	Place of Business	2a. Mailing Address	, · · ·		5. Certificate of Status Desired	\$8.75 Additional Fee Required
		Suite, Apt. #, etc.			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & Sta	y & State City & State				7. Is this nonprofit corporation a homeowners association? Yes No	
Zip 24	Country 25				This corporation owes or has paid the cure Personal Property Tax due June 30.	rrent year Intangible
9. Name and Address of Current Registered Agent 10. Name and Address of No.						Agent
MANUA PET BANKO II				METZCHER, EDWARD C.		
VAN VLEET, DAVID H. 6065 PINE DIRVE			Street Address (P.O. Box Number is Not Acceptable) 176 VASSAR DRIVE			
LANTANA FL 33462			83			
;			84	IAKE	WORTH FL	85 Zip Code 33460
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 CONTROL METALES RESIDENT - BURD OF TRUSTRES 2/11/98 Signature, typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE						
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	VP	DELETE	1.1 TITLE	VP	VP	XX Change
NAME	SIMMONS, DENNIS		1.2 NAME Č		CHENNELL, KENNETH	
STREET ADDRESS	919 S. LAKESIDE PLACE	<u>I</u>	1.3 STREET	ADDRESS	2704 PARK AVENUE	

LANTANA FL LANTANA, FL 33462 CITY-ST-2#P 1.4 CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE NAME ROBERTS, DENNIS 2.2 NAME GALLONI, MABEL 921 MULBERRY STREET STREET ADDRESS 2.3 STREET ADDRESS 5700 PEBBLE BROOK LANE LAKE WORTH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP BOYNTON BEACH, FL 33437 DELETE 3.1 TITLE Change **Addition** TITLE GARRETT, MICHAEL NAME 3.2 NAME SANFORD, DEL 201 PLUM TREE DRIVE **306 WEST PALM STREET** STREET ADDRESS 3.3 STREET ADDRESS LANTANA FL 3.4. CITY-ST-ZIP CITY-ST-ZIP <u>LANTANA. FL</u> <u> 33462</u> DELETE Addition Change TITLE 4.1 TITLE LEDGER, DONALD 4.2 NAME FETTERS, DAN 1950 LAKE OSBORNE DR. APT. 19 STREET ADDRESS 4.3 STREET ADDRESS 206 5TH AVENUE NORTH LAKE WORTH FL 4.4 CITY-ST-ZIP CITY-ST-ZIP _AKE WORTH, FL 33460 ☐ DELETE Change Addition 5.1 TITLE TITLE NAME TYSON, LORI 52 NAME **120 N. 13TH PLACE** 5.3 STREET ADDRESS STREET ADDRESS LANTANA FL 5.4 CITY-ST-ZIP CITY-ST-ZIP MILE DELETE 6.1 TITLE Change ■ AddItion CHENNELL, KENNETH 6.2 NAME NAME.

14. I 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

2704 PARK DRIVE

LANTANA FL

STREET ADDRESS

SIGNATURE

CITY-ST-ZIP

FILED

Feb 26 1998 8:00am

Secretary of State