## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jul 07, 2008 8:00 am Secretary of State 07-07-2008 90003 019 \*\*\*\*61.25

DOCUMENT # N0000007616  1. Entity Name WESLEY MEMORIAL UNITED METHODIST CHURCH OF LAKE CITY, INC.												
Principal Plac 1272 S.W. M LAKE CITY, F		Mailing A P O BO) LAKE C		US		. I EROUTOF OT	Bā(ili Bā'ri) Dā(ili Bē)	40109		(N <b>eer d</b> ) 3 <b>00</b> 0		
2. Principal P	Place of Business - No P.O. Box #	3. Mailing	Address	·	.,							
Suite, Apt.	#, etc.	Suite,	Apt. #, etc.			06172008	Chg-NP	CR2E0	37 (12/06)			
City & Stat	е	City &	State			4. FEI Numbe 59-3683			<u> </u>	oplied For ot Applicable		
Zip	Country	Zip	<u>_</u> _	Country		5. Certificate	of Status Desire	ed 🗆	\$8.75 Add Fee Require			
<del></del>	6. Name and Address of Current	Registered A	gent			7. Name and	Address of Ne	w Registered	Agent			
POMEN I	AWRENCE			Name	len	nne M	oraan					
144 NW O	LD MIL DRIVE	Street A	Address (F	O. Box Numbe		able)	<del></del>					
LAKE CITY, FL 32055					313	NW &	Scott G	Slen		<del></del>		
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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 Jeanne Horgan, Chairman												
	Signature, typed or printed name of registered algent	and title if applicab	te. (NOTE: A	egistered Agent signa	ture required	when reinstating)		DATE				
	Filling Fee Is \$61.25 ue by September 12, 2008	1	9. Election Campa Trust Fund Con	aign Financing		shen reinstating) \$5.00 May Be Added to Fees	, F		k payable to			
10.	Filing Fee is \$61.25		9. Election Campa	aign Financing		\$5.00 May Be Added to Fees	F	Make chec iorida Depa	rtment of St	tate		
	Filing Fee is \$61.25 ue by September 12, 2008		9. Election Campa	aign Financing ntribution.		\$5.00 May Be	F	Make chec iorida Depa	rtment of St	tate		
10.	Filing Fee is \$61.25 ue by September 12, 2008 OFFICERS AND DI		9. Election Campa Trust Fund Con	aign Financing ntribution.	C MORG	\$5.00 May Be Added to Fees DDITIONS/CHA	F	Make chec iorida Depa	RECTORS IN	tate		
10. TITLE NAME STREET ADDRESS	Filing Fee Is \$61.25 ue by September 12, 2008 OFFICERS AND DIE S FATZINGER, CARL 506 SW WALTER AVE		9. Election Campa Trust Fund Con	aign Financing ntribution.  11. THE NAME STREET ADDRESS	C MORG	\$5.00 May Be Added to Fees DDITIONS/CHA BAN, JEANNE W SCOTT GLEN	NGES TO OFF	Make chec iorida Depa	RECTORS IN	tate		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee Is \$61.25 ue by September 12, 2008  OFFICERS AND DIE S FATZINGER, CARL 506 SW WALTER AVE LAKE CITY, FL 32024		9. Election Campa Trust Fund Con	aign Financing ntribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MORG	\$5.00 May Be Added to Fees DDITIONS/CHA	NGES TO OFF	Make chec iorida Depa	RECTORS IN	Addition		
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Filing Fee Is \$61.25 ue by September 12, 2008  OFFICERS AND DIE S FATZINGER, CARL 506 SW WALTER AVE LAKE CITY, FL 32024 T PACE, TALMADGE		9. Election Campa Trust Fund Con	aign Financing ntribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	C MORCO 313 N' LAKE	\$5.00 May Be Added to Fees DDITIONS/CHA SAN, JEANNE W SCOTT GLEN E CITY, FL 320!	NGES TO OFF	Make chec iorida Depa	RECTORS IN	Addition		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Filing Fee Is \$61.25 ue by September 12, 2008  OFFICERS AND DIE S FATZINGER, CARL 506 SW WALTER AVE LAKE CITY, FL 32024 T		9. Election Campa Trust Fund Con	aign Financing ntribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	C MORCO 313 N LAKE	\$5.00 May Be Added to Fees DDITIONS/CHA BAN, JEANNE W SCOTT GLEN CITY, FL 3205	NGES TO OFF	Make chec iorida Depa	RECTORS IN	Addition		
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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: _	Campe Moraran	6-27-08			
	FIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #		