


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 # N00000007616 1. Entity Name WESLEY MEMORIAL UNITED METHODIST CHURCH OF LAKE CITY, INC.					
Principal Place of Business 1272 S.W. MCFARLANE LAKE CITY, FL 32025			Mailing Address P O BOX 2558 LAKE CITY, FL 32056 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOWEN, LAWRENCE 144 NW OLD MIL DRIVE LAKE CITY, FL 32055				7. Name and Address of New Registered Agent Name <u>Jeanne Morgan</u> Street Address (P.O. Box Number is Not Acceptable) <u>313 NW Scott Glen</u> City <u>Lake City</u> <u>FL</u> Zip Code <u>32055</u>	
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 <u>Jeanne Morgan, Chairman</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FATZINGER, CARL 506 SW WALTER AVE LAKE CITY, FL 32024	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MORGAN, JEANNE 313 NW SCOTT GLEN LAKE CITY, FL 32055	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PACE, TALMADGE 1582 SW ST. JAMES COURT LAKE CITY, FL 32025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONYATA, MARILEE 1615 SW CAROLINE COURT LAKE CITY, FL 32025	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWEN, LAWRENCE 144 OLD MILL DR LAKE CITY, FL 32025	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HINKLE, JOE 153SW SHANNON STREET LAKE CITY, FL 32024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O JONES, RONNIE 4555 SE COUNTRY CLUB RD LAKE CITY, FL 32024	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEEKS, ROBERT 1771 SW CAROLINE COURT LAKE CITY, FL 32025	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNAGGE, MICKEY 302 SW ANGELA TERR LAKE CITY, FL 32024	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHRADER, JOHN 3139 SW MAULDIN AVENUE LAKE CITY, FL 32024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, EILEEN 180 SW CESSNA COURT LAKE CITY, FL 32025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAINWRIGHT, RHONDA 160 SW PILOTS WAY LAKE CITY, FL 32024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Jeanne Morgan</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			6-27-08 <small>Date Daytime Phone #</small>		

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06172008 Chg-NP CR2E037 (12/06)

4. FEI Number **59-3683183** Applied For ☐ Not Applicable ☒