

**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 # **N03188** (2)

1. Corporation Name

**UNITED METHODIST TEMPLE FOUNDATION, INC.**



Principal Place of Business: 2700 SOUTH FLORIDA AVENUE, LAKELAND FL 33803  
Mailing Address: 2700 SOUTH FLORIDA AVENUE, LAKELAND FL 33803

3. Date Incorporated or Qualified: 05/21/1984  
3a. Date of Last Report: 03/30/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 59-2429181  
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  
**HAYWARD, DELORES  
321 WARREN CIRCLE  
LAKELAND FL 33803**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HAYWARD, DELORES 321 WARREN CIRCLE LAKELAND FL	1.1 TITLE	D Murphy, Barbara 4627 Crestview Lane Lakeland, FL 33813-2415
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D HUMPHRIES, JAMES 2948 CAROLINA LAKELAND FL	2.1 TITLE	D McAfee, Kathy- 4502 Flintlock Loop Lakeland, FL 33809
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D VERPLANCK, LAURA 3525 BRIDGEFIELD DR LAKELAND FL	3.1 TITLE	D Davis, Charles H. Jr 535 Susan Drive Lakeland, FL 33803-2068
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD CLARK, RONALD L. 6009 CRICKET DRIVE LAKELAND FL	4.1 TITLE	D King, Christine 210 Village View Lane Lakeland, FL 33809
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DSV BLOSS, DIANNA 1311 STRATTON DR. LAKELAND FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D SHIVELY, STANLEY 5317 MESSINA LAKELAND FL	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Murphy, Barbara	
1.3 STREET ADDRESS	4627 Crestview Lane	
1.4 CITY-ST-ZIP	Lakeland, FL 33813-2415	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	McAfee, Kathy-	
2.3 STREET ADDRESS	4502 Flintlock Loop	
2.4 CITY-ST-ZIP	Lakeland, FL 33809	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Davis, Charles H. Jr	
3.3 STREET ADDRESS	535 Susan Drive	
3.4 CITY-ST-ZIP	Lakeland, FL 33803-2068	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	King, Christine	
4.3 STREET ADDRESS	210 Village View Lane	
4.4 CITY-ST-ZIP	Lakeland, FL 33809	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: DeLores F. Hayward Date: 4/23/96 Daytime Phone #: (941) 686-6850  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: DeLores F. Hayward Pres

CR2E037 (12/95)