

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

Mailing Address

**2700 SOUTH FLORIDA AVENUE
LAKELAND FL 33803**

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LAKELAND FL 33803**

3. Date Incorporated or Qualified

05/21/1984

3a. Date of Last Report

03/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2429181

Applied For

Not Applicable

22

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

8. 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

**HAYWARD, DELORES
321 WARREN CIRCLE
LAKELAND FL 33803**

81 Name

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

83

84 City

FL

85 Zip Code

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HAYWARD, DELORES	
STREET ADDRESS	321 WARREN CIRCLE	
CITY - ST - ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUMPHRIES, JAMES	
STREET ADDRESS	2948 CAROLINA	
CITY - ST - ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VERPLANCK, LAURA	
STREET ADDRESS	3525 BRIDGEFIELD DR	
CITY - ST - ZIP	LAKELAND FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CLARK, RONALD L.	
STREET ADDRESS	6009 CRICKET DRIVE	
CITY - ST - ZIP	LAKELAND FL	
TITLE	DSV	<input type="checkbox"/> DELETE
NAME	BLOSS, DIANNA	
STREET ADDRESS	1311 STRATTON DR.	
CITY - ST - ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHIVELY, STANLEY	
STREET ADDRESS	5317 MESSINA	
CITY - ST - ZIP	LAKELAND FL	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DeLores F. Hayward
DE LORES F. HAYWARD PRES

Date

Daytime Phone #

4/23/96 (941) 686-6800

CR2E037 (12/95)