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Mar 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 2700 SOUTH FLORIDA AVENUE
LAKELAND FL 33803 LAKELAND FL 33803-3863

3. Date Incorporated or Qualified 05/21/1984
3a. Date of Last Report 04/26/1996

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 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 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 reinstating) 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 Charles H. Davis, Jr. 535 Susan Drive Lakeland, Fl 33803-2068
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 Christine King 219 Village View Lane 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 Kathy McAfee 4502 Flintlock Loop Lakeland, Fl 33810
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 Barbara Murphy 375 Brannen RD #372 Lakeland, Fl 33813
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	

14. I do 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.

SIGNATURE: DeLores F. Hayward DeLORES F. HAYWARD 2-28-97 (941)686-6806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0052673

CR2E037 (9/96)