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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
LAKELAND FL 33803

2700 SOUTH FLORIDA AVENUE
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

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 reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☐ DELETE

NAME

HAYWARD, DELORES

STREET ADDRESS

321 WARREN CIRCLE

CITY - ST - ZIP

LAKELAND FL

TITLE

D

☐ DELETE

NAME

HUMPHRIES, JAMES

STREET ADDRESS

2948 CAROLINA

CITY - ST - ZIP

LAKELAND FL

TITLE

D

☐ DELETE

NAME

VERPLANCK, LAURA

STREET ADDRESS

3525 BRIDGEFIELD DR

CITY - ST - ZIP

LAKELAND FL

TITLE

TD

☐ DELETE

NAME

CLARK, RONALD L.

STREET ADDRESS

6009 CRICKET DRIVE

CITY - ST - ZIP

LAKELAND FL

TITLE

DSV

☐ DELETE

NAME

BLOSS, DIANNA

STREET ADDRESS

1311 STRATTON DR.

CITY - ST - ZIP

LAKELAND FL

TITLE

D

☐ DELETE

NAME

SHIVELY, STANLEY

STREET ADDRESS

5317 MESSINA

CITY - ST - ZIP

LAKELAND FL

1.1 TITLE

D

☐ Change

☒ Addition

1.2 NAME

Charles H. Davis, Jr.

1.3 STREET ADDRESS

535 Susan Drive

1.4 CITY - ST - ZIP

Lakeland, FL 33803-2068

2.1 TITLE

D

☐ Change

☒ Addition

2.2 NAME

Christine King

2.3 STREET ADDRESS

219 Village View Lane

2.4 CITY - ST - ZIP

Lakeland, FL 33809

3.1 TITLE

D

☐ Change

☒ Addition

3.2 NAME

Kathy McAfee

3.3 STREET ADDRESS

4502 Flintlock Loop

3.4 CITY - ST - ZIP

Lakeland, FL 33810

4.1 TITLE

D

☐ Change

☒ Addition

4.2 NAME

Barbara Murphy

4.3 STREET ADDRESS

375 Brannen RD #372

4.4 CITY - ST - ZIP

Lakeland, FL 33813

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ 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 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)