## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT **CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

**DOCUMENT #** 

(2)

1. Corporation	n Name	` '								
UNITE	d methodist temple f	OUNDATION, INC.								
Principal Place of Business Mailing Address							A DIBAH BABH BADA DI	IIII 0/8// II <del>I</del> I		
2700 SOUTH I LAKELAND FL	FLORIDA AVENUE 33803	2700 SOUTH FLORIDA AVEN LAKELAND FL 33803	2700 SOUTH FLORIDA AVENUE LAKELAND FL 33803			3. Date Incorporated or Qualified 05/21/1984				
						4. FEI Number	Ar	oplied For		
						59-2429181	No	ot Applicable		
2. Principal F	2a. Mailing Address	ress			5. Certificate of Status Desired	\$8.75	Additional			
21 26						5. Certificate of Statos Desired	Fee Re			
Suite, Apt. #, etc. Suite, Apt. #, etc.						6. Election Campaign Financing	\$5.00	May Be		
27						Trust Fund Contribution	Added to	Fees		
City & Stat	City & State	i State			7. Is this nonprofit corporation a homeowners association?					
23		28	Country			☐ Yes ☐ No				
Zip	Country	Zip	_	ry		8. This corporation owes or has paid the				
24	25 29 30 9, Name and Address of Current Registered Agent					Personal Property Tax due June 30. Yes X No**  10. Name and Address of New Registered Agent				
	y, Italie and Address of Carr	eur undiereien Währer	la	1 Name				. ——		
6143044	DD DEI ONEO		Ľ			** This corporation	does no	t owe		
HAYWARD, DELORES 321 WARREN CIRCLE			8	82 Street Address (P.O. Box Number is Not Acceptable) sonal property tax.			e ber-			
			8	3		Bonar proj	rerty tax	•		
LAVELA	ND FL 33803		Ľ							
			8	4 City			B5 Zip (	Code		
11 Purcuent	to the provisions of Sections 617 Of	502 and 617 1508 Florida Statutes	the abo	ve-nemed	COLDO			s registered		
office or i	registered agent, or both, in the Sta	te of Florida. Such change was au	thorized t	by the cor	poratio	ration submits this statement for the purpos n's board of directors. I hereby accept the	appointment as	registered		
agent I a	im familiar with, and accept the obli	igations of, Section 617.0503, Flori	da Statut	B\$.						
SIGNATURE	Signature, typed or printed name of registered a	ment and title if applicable (NOTE:	Registered A	nent skrinsture	e required	when reinstating) DAT	F	<del></del> [		
12.		RS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS		RS IN 12		
TITLE	PD				D		Change	Addition		
NAME	HAYWARD, DELORES	1.2		1.2 NAME Cha		arles H. Davis,Jr		li li		
STREET ADDRESS	321 WARREN CIRCLE	1.3				Susan Drive				
CITY-ST-ZIP	LAKELAND FL			ST-ZIP	Lakeland, F1 33803-2068					
TITLE	D	DELETE 2.1 TI			D Change Addition					
NAME	HUMPHRIES, JAMES	2.2 N			-	Christine King				
STREET ADDRESS	2948 CAROLINA			ET ADDRESS		219 Village View Lane				
CITY-ST-ZIP	LAKELAND FL					celand. F1 33809		,		
TITLE	D	DELETE 3.1 T			D			Addition		
NAME	VERPLANCK, LAURA		3.2 NAME		Kat	Kathy McAfee		1		
STREET ADDRESS	3525 BRIDGEFIELD DR		3.3 STRE	et address		02 Flintlock Loop				
CITY-ST-ZIP	LAKELAND FL	3.4. 0		- ST-ZIP	Lakeland, F1 33810			,		
TITLE	10	DELETE 4.1		4.1 TITLE D			Change	Addition		
NAME	CLARK, RONALD L.		4. 2 NAM	E	Bar	bara Murphy		j		
STREET ADDRESS	6009 CRICKET DRIVE		4.3 STREI	ET ADDRESS		Brannen Rd #372		1		
CITY-ST-ZIP	lakeland fl		4.4 CITY	ST-ZIP		keland, F1 33813		. 1		
TITLE	DSV	DELETE	5.1 TITLE		D		☐ Change	X Addition		
NAME	BLOSS, DIANNA		5.2 NAME		Kay	Henley				
STREET ADDRESS	1311 STRATTON DR.		5.3 STREE	T ADDRESS	772	Martinique Circle				
CITY-ST-ZIP	LAKELAND FL		5.4 CITY	ST-ZIP		teland, FL 33803		1		
TITLE	D	DELETE 6.1 TITL					Change	☐ Addition		
NAME	SHIVELY, STANLEY	6.2 NAI								
STREET ADDRESS	5317 MESSINA	6.3 ST		T ADDRESS						
CITY-ST-ZIP LAKELAND FL			6.4 CITY-							
		with this filing does not qualify for			ed in Se	ection 119.07(3)(i), Florida Statutes, I further	certify that the	Information		

1. I nereby 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 Informatio Indicated on this annual report or suppliemental 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 of 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: 

SIGNATU

**FILED** 

Mar 12 1998 8:00am

Secretary of State