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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N03188

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/21/1984

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

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  
NAME HAYWARD, DELORES  
STREET ADDRESS 321 WARREN CIRCLE  
CITY-ST-ZIP LAKELAND FL

☐ DELETE

TITLE D  
NAME HUMPHRIES, JAMES  
STREET ADDRESS 2948 CAROLINA  
CITY-ST-ZIP LAKELAND FL

☐ DELETE

TITLE D  
NAME VERPLANCK, LAURA  
STREET ADDRESS 3525 BRIDGEFIELD DR  
CITY-ST-ZIP LAKELAND FL

☐ DELETE

TITLE TD  
NAME CLARK, RONALD L.  
STREET ADDRESS 6009 CRICKET DRIVE  
CITY-ST-ZIP LAKELAND FL

☐ DELETE

TITLE DSV  
NAME BLOSS, DIANNA  
STREET ADDRESS 1311 STRATTON DR.  
CITY-ST-ZIP LAKELAND FL

☐ DELETE

TITLE D  
NAME SHIVELY, STANLEY  
STREET ADDRESS 5317 MESSINA  
CITY-ST-ZIP LAKELAND FL

☐ DELETE

1.1 TITLE D  
1.2 NAME Charles H. Davis Jr  
1.3 STREET ADDRESS 535 Susan Drive  
1.4 CITY-ST-ZIP Lakeland FL 33803 2068

☐ Change

☒ Addition

2.1 TITLE D  
2.2 NAME Kathy McAfee  
2.3 STREET ADDRESS 4502 Flintlock Loop  
2.4 CITY-ST-ZIP Lakeland FL 33810

☐ Change

☒ Addition

3.1 TITLE D  
3.2 NAME Barbara Murphy  
3.3 STREET ADDRESS 375 Brannen Rd #372  
3.4 CITY-ST-ZIP Lakeland FL 33813

☐ Change

☒ Addition

4.1 TITLE D  
4.2 NAME Kay Henley  
4.3 STREET ADDRESS 772 Martinique Circle  
4.4 CITY-ST-ZIP Lakeland FL 33803

☐ Change

☒ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

*DeLores Hayward* (DELORES F. HAYWARD) 3/29/99 (941) 686-6806

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)