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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 DELETE
 NAME HAYWARD, DELORES
 STREET ADDRESS 321 WARREN CIRCLE
 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

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

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

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

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

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

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

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

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

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

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

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)