

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03188

1. Entity Name

UNITED METHODIST TEMPLE FOUNDATION, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90069 044 ****61.25

Principal Place of Business
2700 SOUTH FLORIDA AVENUE
LAKELAND FL 33803

Mailing Address
2700 SOUTH FLORIDA AVENUE
LAKELAND FL 33803-3863

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2429181

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAYWARD, DELORES
321 WARREN CIRCLE
LAKELAND FL 33803

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME HAYWARD, DELORES
STREET ADDRESS 321 WARREN CIRCLE
CITY-ST-ZIP LAKELAND FL 33803-4414 ☐ Delete

TITLE D
NAME KAY HENLEY
STREET ADDRESS 772 MARTINQUE CIRCLE
CITY-ST-ZIP LAKELAND, FL 33802 ☐ Change ☒ Addition

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

TITLE D
NAME KATHY MCAFEE
STREET ADDRESS 4502 FLINTLOCK LOOP
CITY-ST-ZIP LAKELAND, FL 33810 ☐ Change ☒ Addition

TITLE D
NAME VERPLANCK, LAURA
STREET ADDRESS 3525 BRIDGEFIELD DR
CITY-ST-ZIP LAKELAND FL 33803 ☐ Delete

TITLE D
NAME BARBARA MURPHY
STREET ADDRESS 375 BRANNEN RD #372
CITY-ST-ZIP LAKELAND, FL 33813 ☐ Change ☒ Addition

TITLE TD
NAME CLARK, RONALD L.
STREET ADDRESS 6009 CRICKET DRIVE
CITY-ST-ZIP LAKELAND FL 33813-3768 ☐ Delete

TITLE D
NAME CHARLES H. DAVIS JR.
STREET ADDRESS 535 SUSAN
CITY-ST-ZIP LAKELAND, FL 33803 2068 ☐ Change ☒ Addition

TITLE DSV
NAME BLOSS, DIANNA
STREET ADDRESS 1311 STRATTON DR.
CITY-ST-ZIP LAKELAND FL 33813 ☐ Delete

TITLE D
NAME TONY SALEMME
STREET ADDRESS 3245 STONEGATE DR
CITY-ST-ZIP LAKELAND, FL 33803 ☐ Change ☒ Addition

TITLE D
NAME SHIVELY, STANLEY
STREET ADDRESS 5317 MESSINA
CITY-ST-ZIP LAKELAND FL 33813 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)