

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

0065407

DOCUMENT # N03188

1. Entity Name

UNITED METHODIST TEMPLE FOUNDATION, INC.

03-19-2001 90471 048 ****61.25

Principal Place of Business

Mailing Address

2700 SOUTH FLORIDA AVENUE
 LAKELAND FL 33803

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 LAKELAND FL 33803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2429181

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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: Chas H. Davis, Jr
 STREET ADDRESS: 535 Susan Drive
 CITY-ST-ZIP: Lakeland, Fl 33803 Change Addition

TITLE: D
 NAME: HENLEY, KAY
 STREET ADDRESS: 772 MARTINQUE CIR
 CITY-ST-ZIP: LAKELAND FL 33802 Delete

TITLE: D
 NAME: Tony Salemme
 STREET ADDRESS: 3979 Windchime Lane
 CITY-ST-ZIP: Lakeland, Fl 33811 Change Addition

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

TITLE: D
 NAME: Kathy McAfee
 STREET ADDRESS: 4502 Flintlock Loop
 CITY-ST-ZIP: Lakeland, Fl 33810 Change Addition

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

TITLE: D
 NAME: Barbara Murphy
 STREET ADDRESS: 375 Brannen Rd #372
 CITY-ST-ZIP: Lakeland, Fl 33813 Change Addition

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

TITLE: Change Addition

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

TITLE: 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: *DeLores F. Hayward* **REQUIRED** DeLores F. Hayward Pres (863) 686-6806
Signature and typed or printed name of signing officer or director Date Daytime Phone #

3/13/2001

CR2E037 (10/00)