

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03188

1. Entity 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

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

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME DOUGLAS BOWNE
STREET ADDRESS 1029 E HIGHLAND
CITY-ST-ZIP LAKELAND, FL 33813

TITLE D ☐ Change ☒ Addition
NAME LOUISE MOSLEY
STREET ADDRESS 3037 CAROLINA AVE
CITY-ST-ZIP LAKELAND, FL 33803

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

TITLE D ☐ Change ☒ Addition
NAME CHARLEY DAVIS
STREET ADDRESS 535 SUSAN DR
CITY-ST-ZIP LAKELAND FL 33803

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

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

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DE LORES F. HAYWARD

(683) 686-6806

Date

Daytime Phone #

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90490 021 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)