

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03188

FILED  
Jan 08, 2006  
Secretary of State

Entity Name: UNITED METHODIST TEMPLE FOUNDATION, INC.

**Current Principal Place of Business:**

2700 SOUTH FLORIDA AVENUE  
LAKELAND, FL 33803

**New Principal Place of Business:**

**Current Mailing Address:**

2700 SOUTH FLORIDA AVENUE  
LAKELAND, FL 33803

**New Mailing Address:**

FEI Number: 59-2429181

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HAYWARD, DELORES  
321 WARREN CIRCLE  
LAKELAND, FL 33803 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HAYWARD, DELORES,  
Address: 321 WARREN CIRCLE  
City-St-Zip: LAKELAND, FL 338034414

Title: TD ( ) Delete  
Name: BOWNE, DOUGLAS  
Address: 129 E HIGHLAND DR  
City-St-Zip: LAKELAND, FL 338131770

Title: D ( ) Delete  
Name: VERPLANCK, LAURA,  
Address: 3525 BRIDGEFIELD DR  
City-St-Zip: LAKELAND, FL 33803

Title: D ( ) Delete  
Name: SPIWAK, PEGGY  
Address: IMPERIAL SOUTHGATE WILLAS #62  
City-St-Zip: LAKELAND, FL 33803

Title: DSV ( ) Delete  
Name: BLOSS, DIANNA,  
Address: 1311 STRATTON DR,  
City-St-Zip: LAKELAND, FL 33813

Title: D ( ) Delete  
Name: SHIVELY, STANLEY,  
Address: 5317 MESSINA  
City-St-Zip: LAKELAND, FL 33813

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUG BOWNE

TD

01/08/2006

Electronic Signature of Signing Officer or Director

Date