

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03188

FILED
Feb 05, 2008
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 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: DOUGLAS N BOWNE

TREA

02/05/2008

Electronic Signature of Signing Officer or Director

_____ Date