

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90093 031 ****61.25

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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	HAYWARD, DELORES	
STREET ADDRESS	321 WARREN CIRCLE	
CITY-ST-ZIP	LAKELAND FL 33803-4414	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HENLEY, KAY	
STREET ADDRESS	772 MARTINIQUE CIR	
CITY-ST-ZIP	LAKELAND FL 33802	
TITLE	D	<input type="checkbox"/> Delete
NAME	VERPLANCK, LAURA	
STREET ADDRESS	3525 BRIDGEFIELD DR	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CLARK, RONALD L.	
STREET ADDRESS	6009 CRICKET DRIVE	
CITY-ST-ZIP	LAKELAND FL 33813-3768	
TITLE	DSV	<input type="checkbox"/> Delete
NAME	BLOSS, DIANNA	
STREET ADDRESS	1311 STRATTON DR.	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHIVELY, STANLEY	
STREET ADDRESS	5317 MESSINA	
CITY-ST-ZIP	LAKELAND FL 33813	

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOWNE, DOUGLAS	
STREET ADDRESS	1029 E. HIGHLAND DR	
CITY-ST-ZIP	LAKELAND, FL 33813-1770	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peggy Spiwak	
STREET ADDRESS	Imperial Southgate Willas #62	
CITY-ST-ZIP	Lakeland, FL 33803	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Louise Mosely	
STREET ADDRESS	3037 Carolina Ave	
CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbara Murphy	
STREET ADDRESS	375 Brannen Dr #372	
CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Theron Touchtone	
STREET ADDRESS	130 Carolyn Dr	
CITY-ST-ZIP	Lakeland, FL 33803	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/30/03

Date

Daytime Phone #

CR2E037 (10/02)