FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N39651** **(7)**

1. Corporation Name

BEAR LAKE UNITED METHODIST CHURCH, INC.

Principal Place of Business	Mailing Address
1010 BEAR LAKE RD. APOPKA FL 32703	1010 BEAR LAKE RD. APOPKA FL 32703

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/23/1990
3a. Date of Last Report: 02/04/1994
4. FEI Number: 59-2375256 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.052, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

RADCLIFF, CECIL
1010 BEAR LAKE RD.
APOPKA FL 32703

10. Name and Address of New Registered Agent

81 Name: WALLACE, CHARLES
82 Street Address (P.O. Box Number is Not Acceptable)
83: 1010 BEAR LAKE RD.
84 City: APOPKA FL 85 Zip Code: 32703

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Charles C. Wallace PRESIDENT CHARLES C. WALLACE 4/19/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	WALLACE, CHARLES	12 NAME	
STREET ADDRESS	845 BAYBREEZE LANE	13 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	14 CITY-ST-ZIP	
TITLE	DT	21 TITLE	DT ☒ Change ☐ Addition
NAME	WALTON, BRENDA	22 NAME	STUART, DAVID
STREET ADDRESS	905 SUWANNE DR.	23 STREET ADDRESS	2717 CANTER CLUB TRAIL
CITY-ST-ZIP	APOPKA FL	24 CITY-ST-ZIP	APOPKA, FL 32712
TITLE	D	31 TITLE	DS ☒ Change ☐ Addition
NAME	MATHEWS, BILL	32 NAME	ROSE, MARTHA
STREET ADDRESS	876 PINE SHADOW DR.	33 STREET ADDRESS	5351 HILLOCK WAY
CITY-ST-ZIP	APOPKA FL	34 CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	D	41 TITLE	D ☒ Change ☐ Addition
NAME	MATHEWS, JOAN	42 NAME	HIPP, WAYNE
STREET ADDRESS	876 PINE SHADOW DR.	43 STREET ADDRESS	218 CAMBRIDGE DR.
CITY-ST-ZIP	APOPKA FL	44 CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	D	51 TITLE	D ☒ Change ☐ Addition
NAME	KERR, DOUG	52 NAME	BROOKOVER, ELLA
STREET ADDRESS	305 FLOSSMOR ST.	53 STREET ADDRESS	418 SAN SEBASTIAN PLACE
CITY-ST-ZIP	SORRENTO FL	54 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	STEWART, ROBERT	62 NAME	
STREET ADDRESS	2901 FLORAL WAY	63 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles C. Wallace 4/19/95 (407) 639-0744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000617