

FILE NOW: FILING FEE IS \$61.25

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Feb 13 1996 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N39651** (7)

1. Corporation Name

BEAR LAKE UNITED METHODIST CHURCH, INC.

Principal Place of Business

**1010 BEAR LAKE RD.
APOPKA FL 32703**

Mailing Address

**1010 BEAR LAKE RD.
APOPKA FL 32703**



3. Date Incorporated or Qualified **08/23/1990** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2375256	Applied For ☐ Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

**WALLACE, CHARLES
1010 BEAR LAKE RD
APOPKA FL 32703**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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 ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WALLACE, CHARLES	1.2 NAME	
STREET ADDRESS	845 BAYBREEZE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	DT ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	STUART, DAVID	2.2 NAME	
STREET ADDRESS	2717 CANTER CLUB TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	2.4 CITY-ST-ZIP	
TITLE	DS ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ROSE, MARTHA	3.2 NAME	
STREET ADDRESS	5351 HILLOCK WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HIPP, WAYNE	4.2 NAME	
STREET ADDRESS	218 CAMBRIDGE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BROOKOVER ELLA	5.2 NAME	
STREET ADDRESS	418 SAN SEBASTIAN PRADO	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	STEWART, ROBERT	6.2 NAME	
STREET ADDRESS	2901 FLORAL WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID W. STUART 2/9/96 (407) 880-8030

Date

Daytime Phone #

CR2E037 (12/95)