

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90034 024 \*\*\*\*61.25

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<b>DOCUMENT # N96000004563</b> 1. Entity Name <b>LAKE LINDSEY UNITED METHODIST CHURCH, INC.</b>					
Principal Place of Business 22400 LAKE LINDSEY ROAD BROOKSVILLE, FL 34601			Mailing Address 22400 LAKE LINDSEY ROAD BROOKSVILLE, FL 34601		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent  <b>STERLING, JACKI A</b> <b>969 COACHLIGHT LANE</b> <b>BROOKSVILLE, FL 34601</b>				7. Name and Address of New Registered Agent Name <b>ROBERT E. WELCH</b> Street Address (P.O. Box Number is Not Acceptable) <b>7391 E. SHADYNOOK CT,</b> City <b>FLORAL CITY</b> FL <b>34436</b>	
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 the registered agent. SIGNATURE <u><i>Robert E Welch</i></u> <b>ROBERT E WELCH</b> 3/8/05 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete <b>PADGETT, ALLEN T</b> <b>10255 TRUDY-LYNN DRIVE</b> <b>BROOKSVILLE, FL 34601</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>STERLING, JACKI A.</b> <b>969 COACHLIGHT RD</b> <b>BROOKSVILLE, FL 34601</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>SD</b> <b>FOSTER, SADYE</b> <b>900 N BROAD ST, #4413</b> <b>BROOKSVILLE, FL 34601</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SD</b> <b>LUANNE MC FARLANE</b> <b>831 VILLAGE DRIVE</b> <b>BROOKSVILLE, FL 34601</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D</b> <b>RHOTEN, GEORGE</b> <b>13156 KILDEER ROAD</b> <b>BROOKSVILLE, FL 34614</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>RON PEARSON</b> <b>9229 BAY DRIVE</b> <b>SPRINGHILL, FL 34601</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>D</b> <b>WELCH, ROBERT</b> <b>7391 E. SHADY NOOK CT</b> <b>FLORAL CITY, FL 34436</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Robert E Welch</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/8/05 (352)341-2779 <small>Date Daytime Phone #</small>		