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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000003037 (5)**

1. Corporation Name

**WESLEY MEMORIAL UNITED METHODIST CHURCH OF LAKE
AND, INCORPORATED**

Principal Place of Business 719 N. MASSACHUSETTS AVE. LAKELAND FL 33801-1746	Mailing Address 719 N. MASSACHUSETTS AVE. LAKELAND FL 33801-1746
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3. Date Incorporated or Qualified

05/23/1997

4. FEI Number

590774207

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REYNOLDS, PAUL
719 N. MASSACHUSETTS AVE.
LAKELAND FL 33801-1746**

81

Name

Milford Butcher

82

Street Address (P.O. Box Number is Not Acceptable)

83

719 N. Massachusetts Avenue

84

City

Lakeland

FL

85

Zip Code

33801

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

Milford Butcher
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/27/98
DATE

12. OFFICERS AND DIRECTORS

TITLE **Chairperson** ☒ DELETE

NAME **Paul Reynolds**
STREET ADDRESS **719 N. Massachusetts Avenue**
CITY-ST-ZIP **Lakeland, Fl. 33801**

TITLE **Trustee** ☒ DELETE

NAME **Jack Holaday**
STREET ADDRESS **719 N. Massachusetts Avenue**
CITY-ST-ZIP **Lakeland, Fl. 33801**

TITLE **Trustee** ☒ DELETE

NAME **Jack Johnson**
STREET ADDRESS **719 N. Massachusetts Avenue**
CITY-ST-ZIP **Lakeland, Fl. 33801**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Trustee** ☐ Change ☒ Addition

1.2 NAME **W.T. Symons**
1.3 STREET ADDRESS **719 N. Massachusetts Avenue**
1.4 CITY-ST-ZIP **Lakeland, Fl. 33801**

2.1 TITLE **Trustee** ☐ Change ☒ Addition

2.2 NAME **Frank Pierce, Sr.**
2.3 STREET ADDRESS **719 N. Massachusetts Avenue**
2.4 CITY-ST-ZIP **Lakeland, Fl. 33801**

3.1 TITLE **Trustee** ☐ Change ☒ Addition

3.2 NAME **Sal Emmolo**
3.3 STREET ADDRESS **719 N. Massachusetts Avenue, Lkld, Fl.**
3.4 CITY-ST-ZIP **Lakeland, Fl. 33801**

4.1 TITLE **Chairperson** ☒ Change ☐ Addition

4.2 NAME **Milford Butcher**
4.3 STREET ADDRESS **719 N. Massachusetts Avenue**
4.4 CITY-ST-ZIP **Lakeland, Fl. 33801**

5.1 TITLE **Trustee** ☐ Change ☒ Addition

5.2 NAME **Leo Shear**
5.3 STREET ADDRESS **719 N. Massachusetts Avenue**
5.4 CITY-ST-ZIP **Lakeland, Fl. 33801**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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:

Milford Butcher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/98

941-688-8543

CR2E037 (10/97)