

2000 UNIFORM BUSINESS REPORT (UBR)

4/2:

FILED
May 24, 2000 8:00 am
Secretary of State

04-28-2000 90025 035 ****61.25

DOCUMENT # N97000003037

1. Entity Name

WESLEY MEMORIAL UNITED METHODIST CHURCH OF LAKE

Principal Place of Business

**719 N. MASSACHUSETTS AVE.
 LAKELAND FL 33801-1746**

Mailing Address

**719 N. MASSACHUSETTS AVE.
 LAKELAND FL 33801-1746**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-0774207

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BUTCHER, MILFORD
 719 N. MASSACHUSETTS AVE.
 LAKELAND FL 33801**

7. Name and Address of New Registered Agent

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.

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
 Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|--|
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | SYMONS, W.T. | |
| STREET ADDRESS | 719 N. MASSACHUSETTS AVE. | |
| CITY-ST-ZIP | LAKELAND FL 33801-1746 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | PIERCE, FRANK SR. | |
| STREET ADDRESS | 719 N. MASSACHUSETTS AVE. | |
| CITY-ST-ZIP | LAKELAND FL 33801-1746 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | EMMOLO, SAL | |
| STREET ADDRESS | 719 N. MASSACHUSETTS AVE. | |
| CITY-ST-ZIP | LAKELAND FL 33801-1746 | |
| TITLE | C | <input type="checkbox"/> Delete |
| NAME | BUTCHER, MILFORD | |
| STREET ADDRESS | 719 N. MASSACHUSETTS AVE. | |
| CITY-ST-ZIP | LAKELAND FL 33801-1746 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | SHEAR, LEO | |
| STREET ADDRESS | 719 N. MASSACHUSETTS AVE. | |
| CITY-ST-ZIP | LAKELAND FL 33801-1746 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------------|--|
| TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Buchanan, Julie | |
| STREET ADDRESS | 2218 Harbor Town Lane | |
| CITY-ST-ZIP | Lakeland, FL 33810 | |
| TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Summerlin, Ben | |
| STREET ADDRESS | 1323 Edgewater Beach Drive | |
| CITY-ST-ZIP | Lakeland, FL 33805 | |
| TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Ruff, Thomas | |
| STREET ADDRESS | 7104 Kathleen Road | |
| CITY-ST-ZIP | Lakeland, FL 33809 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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:

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

4/11/2000 863-688-8543

Date

Daytime Phone #

CR2E037 (9/99)