

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90042 014 \*\*\*\*61.25

**DOCUMENT # N97000003037**

1. Entity Name

**WESLEY MEMORIAL UNITED METHODIST CHURCH OF  
LAKELAND, INCORPORATED**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**RUFF, TOM**  
**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. I am familiar with, and accept the obligations of registered agent.

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**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	WEBB, WILLIAM	<input type="checkbox"/> Delete
STREET ADDRESS	8015 N HWY 98	
CITY-ST-ZIP	LAKELAND FL 33809-5327	
TITLE NAME	RAMSAY, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	3480 GLEN ABBEY LANE	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE NAME	EMMOLO, SAL	<input type="checkbox"/> Delete
STREET ADDRESS	719 N. MASSACHUSETTS AVE.	
CITY-ST-ZIP	LAKELAND FL 33801-1746	
TITLE NAME	BUTCHER, MILFORD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	719 N. MASSACHUSETTS AVE.	
CITY-ST-ZIP	LAKELAND FL 33801-1746	
TITLE NAME	SHEAR, LEO	<input type="checkbox"/> Delete
STREET ADDRESS	719 N. MASSACHUSETTS AVE.	
CITY-ST-ZIP	LAKELAND FL 33801-1746	
TITLE NAME	SUMMERLIN, BEN	<input type="checkbox"/> Delete
STREET ADDRESS	1323 EDGEWATER BEACH DRIVE	
CITY-ST-ZIP	LAKELAND FL 33805	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	C Tom Ruff	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7104 Kathleen Road	
CITY-ST-ZIP	Lakeland, FL 33809-2610	
TITLE NAME	T James Dry	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	604 Laurel Lane	
CITY-ST-ZIP	Lakeland, FL 33813	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/04 863-688-8543  
Date Daytime Phone #