

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90186 040 ****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

04112006

Chg-NP

CR2E037 (11/05)

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

Dry, James

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

604 Laurel Lane

Lakeland, Florida

33813

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

James Dry

James Dry, Chairman of Trustees

4-12-06

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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 **T** ☐ Delete
NAME **WEBB, WILLIAM**
STREET ADDRESS **8015 N HWY 98**
CITY-ST-ZIP **LAKELAND, FL 338095327**

TITLE **T** ☒ Delete
NAME **RAMSAY, ROBERT**
STREET ADDRESS **3480 GLEN ABBEY LANE**
CITY-ST-ZIP **LAKELAND, FL 33809**

TITLE **C** ☒ Delete
NAME **RUFF, TOM**
STREET ADDRESS **7104 KATHLEEN BLVD**
CITY-ST-ZIP **LAKELAND, FL 338092610**

TITLE **T** ☐ Delete
NAME **DRY, JAMES**
STREET ADDRESS **604 LAUREL LN**
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE **T** ☒ Delete
NAME **SHEAR, LEO**
STREET ADDRESS **719 N. MASSACHUSETTS AVE.**
CITY-ST-ZIP **LAKELAND, FL 338011746**

TITLE **T** ☐ Delete
NAME **SUMMERLIN, BEN**
STREET ADDRESS **1323 EDGEWATER BEACH DRIVE**
CITY-ST-ZIP **LAKELAND, FL 33805**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☒ Change ☐ Addition
NAME **Dry, James**
STREET ADDRESS **604 Laurel Lane**
CITY-ST-ZIP **Lakeland, Florida 33813**

TITLE **T** ☐ Change ☒ Addition
NAME **D. K. Harwell**
STREET ADDRESS **1046 Lakeshore Dr**
CITY-ST-ZIP **Lakeland, FL 33805**

TITLE **T** ☐ Change ☒ Addition
NAME **Leigh Hall**
STREET ADDRESS **1724 Staunton Ave.**
CITY-ST-ZIP **Lakeland, FL 33803-2552**

TITLE **T** ☐ Change ☒ Addition
NAME **Doris Jackson**
STREET ADDRESS **3057 Junction Circle**
CITY-ST-ZIP **Lakeland, FL 33805-5201**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

James Dry

James Dry, Chairman of Trustees 4-12-06

863-688-8543

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #