2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000003037

CITY-ST-ZIP

LAKELAND, FL 33805

1. Entity Name
WESLEY MEMORIAL UNITED METHODIST CHURCH OF
LAKELAND, INCORPORATED



Apr 20, 2006 8:00 am Secretary of State

04-20-2006 90186 040 ****61.25

FILED

	15, 11100111 0101125			TIE!						
719 N. MASSACHUSETTS AVE. 719			Mailing Address 719 N. MASSACHUSETTS AVE. LAKELAND, FL 33801-1746			,				
Principal Place of Business 3. M		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04112006	Chg-NP	CR2E0	37 (11/05)			
City & State		City & State			4. FEI Number 59-0774				pplied For	
Zip	Country	Zip	Country			\$8.75 Additional Fee Required				
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New	Registered	Agent		
RUFF, TOM			Name	_	_					
	SSACHUSETTS AVE.		Street Address			(P.O. Box Number is Not Acceptable)				
	D, FL 33801				urel Lane					
			4		nd, Flo			3382	13	
			City				FL	Zip Cod		
8. The above the obligated SIGNATURE	named entity submits this statement for ions of registered agent. Jar Signature, typed or printed name of registered agent a		gistered office o				-12-0		, and accept	
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					
	Due by May 1, 2006	Trust Fund Co				, ,			_	
10.	Due by May 1, 2006 OFFICERS AND DIR	Trust Fund Cor	ntribution.	<u> </u>		Flo	orida Depar	tment of S	tate V 10	
TITLE	Due by May 1, 2006 OFFICERS AND DIR	Trust Fund Co	11.	A	Added to Fees	NGES TO OFFIC	orida Depar	tment of S	tate	
	Due by May 1, 2006 OFFICERS AND DIR	Trust Fund Cor	11. TITLE C	Dry	Added to Fees DDITIONS/CHA	NGES TO OFFIC	orida Depar	tment of S	tate V 10	
TITLE NAME	OFFICERS AND DIR	Trust Fund Cor	11.	Dry 604	Added to Fees ODITIONS/CHA J. James Laure	NGES TO OFFIC S 1 Lane	ers and di	RECTORS IN Change	tate V 10	
TITLE NAME STREET ADDRESS	OFFICERS AND DIR T WEBB, WILLIAM 8015 N HWY 98	Trust Fund Cor	11. TITLE C NAME STREET ADDRESS CITY-ST-ZIP	Dry 604	Added to Fees DDITIONS/CHA , James Laure celand,	NGES TO OFFICE S l Lane Florid	ers and di	Change	tate N 10 Addition	
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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 entachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE JANO 1 James Dry, Chairman of Trustees 4-12-06 863-688-8543