
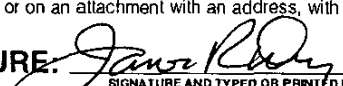


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90018 049 \*\*\*\*61.25

<b>DOCUMENT # N97000003037</b> 1. Entity Name <b>WESLEY MEMORIAL UNITED METHODIST CHURCH OF LAKELAND, INCORPORATED</b>					
Principal Place of Business <b>719 N. MASSACHUSETTS AVE. LAKELAND FL 33801-1746</b>			Mailing Address <b>719 N. MASSACHUSETTS AVE. LAKELAND FL 33801-1746</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-0774207</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>DRY, JAMES 604 LAUREL LN LAKELAND FL 33813</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			<b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	C <input type="checkbox"/> Delete		TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DRY, JAMES		NAME	Bill Webb	
STREET ADDRESS	604 LAUREL LN		STREET ADDRESS	2130 Saxon Lane	
CITY-ST-ZIP	LAKELAND FL 33813		CITY-ST-ZIP	Lakeland, FL 33810	
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARWELL, D.K.		NAME		
STREET ADDRESS	1046 LAKESHORE DR		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33805		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEIGH, HALL		NAME		
STREET ADDRESS	1724 STAUNTON AVE		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33803-2552		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACKSON, DORIS		NAME		
STREET ADDRESS	3057 JUNCTION CIR		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33805-5201		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUMMERLIN, BEN		NAME		
STREET ADDRESS	1323 EDGEWATER BEACH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33805		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					
<b>SIGNATURE:</b> 			<b>James Dry</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>2/13/07</b> Daytime Phone # <b>863-688-8543</b>		