

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90117 041 \*\*\*\*61.25

**DOCUMENT # N97000003037**

1. Entity Name

**WESLEY MEMORIAL UNITED METHODIST CHURCH OF LAKE  
AND, INCORPORATED**



Principal Place of Business

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

Mailing Address

**719 N. MASSACHUSETTS AVE.  
LAKEAND 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**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

**Tom Ruff**

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

**719 N. Massachusetts Ave.**

**Lakeland, FL 33801**

City

**Lakeland**

**FL**

Zip Code

**33801**

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

*Thomas W. Ruff*  
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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T LAKE, STEPHEN 202 GRIFFIN ROAD E LOT 179 LAKEAND FL 33805</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T BUCHANAN, JULIE 2218 HARBOR TON LANE LAKEAND FL 33810</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T EMMOLO, SAL 719 N. MASSACHUSETTS AVE. LAKEAND FL 33801-1746</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C BUTCHER, MILFORD 719 N. MASSACHUSETTS AVE. LAKEAND FL 33801-1746</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SHEAR, LEO 719 N. MASSACHUSETTS AVE. LAKEAND FL 33801-1746</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SUMMERLIN, BEN 1323 EDGEWATER BEACH DRIVE LAKEAND FL 33805</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T William Webb 8015 N. Hwy 98 Lakeland, FL 33809-5327</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Robert Ramsay 3480 Glen Abbey Lane Lakeland, FL 33809</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Thomas W. Ruff*  
Signature, typed or printed name of registered agent and title if applicable

**3/11/03**

CR2E037 (10/02)