

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 704307

**Entity Name:** UNITED METHODIST TEMPLE, LAKE LAND, INC.

**Current Principal Place of Business:**

2700 SOUTH FLORIDA AVE  
LAKE LAND, FL 33803

**Current Mailing Address:**

2700 SOUTH FLORIDA AVE  
LAKE LAND, FL 33803

**FEI Number:** 59-6044079

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ALLEN, PHILIP O  
1701 S FLORIDA AVE  
LAKE LAND, FL 33801 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title S  
Name SMOOT, JACKIE L  
Address 814 OSCEOLA ST.  
APT.2  
City-State-Zip: LAKE LAND FL 33801

Title T  
Name BOWNE, DOUGLAS  
Address 1029 E HIGHLAND DRIVE  
City-State-Zip: LAKE LAND FL 33813

Title D  
Name WARD, JOHN  
Address 5135 DORMAN RD  
City-State-Zip: LAKE LAND FL 33813

Title PRESIDENT  
Name BENNINGFIELD, JAY  
Address 320 W POINSETTIA  
City-State-Zip: LAKE LAND FL 33803

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JACKIE SMOOT

**ADMINISTRATIVE ASSISTANT**

**02/26/2014**

Electronic Signature of Signing Officer/Director Detail

Date