

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 715002 (2)**  
1. Corporation Name  
**PROVIDENCE BAPTIST CHURCH OF LAKELAND, INC.**



Principal Place of Business <b>8330 N. SOCRUM LOOP ROAD LAKELAND FL 33809 US</b>	Mailing Address <b>8330 N. SOCRUM LOOP ROAD LAKELAND FL 33809-5237 US</b>
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3. Date Incorporated or Qualified <b>07/24/1968</b>	3a. Date of Last Report <b>04/10/1996</b>
4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**9. Name and Address of Current Registered Agent**

**LAMBORN, THOMAS L  
8424 ISLAND OAKS WEST  
LAKELAND FL 33805**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>FL</b> <b>85</b> Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	<b>WILLIAMS, GEORGE</b>	
STREET ADDRESS	<b>906 ASPEN DRIVE</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	<b>BOHER, BOG</b>	
STREET ADDRESS	<b>1204 EVERGREEN DR</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>BROWN, DAVID</b>	
STREET ADDRESS	<b>2505 S WIGGINS RD</b>	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>DAUCHY, VERNON M.</b>	
1.3 STREET ADDRESS	<b>202 E. GRIFFIN #45</b>	
1.4 CITY-ST-ZIP	<b>LAKELAND, FL</b>	
2.1 TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>BOHRER, ROBERT</b>	
2.3 STREET ADDRESS	<b>1204 EVERGREEN DR</b>	
2.4 CITY-ST-ZIP	<b>LAKELAND, FL</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Vernon M. Dauchy* **Vernon M. Dauchy, treasurer** 4/9/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0052965

CR2E037 (9/96)