


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90043 017 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 739954**

1. Corporation Name  
**FIRST PRESBYTERIAN CHURCH OF LAKE LAND, FLORIDA, INCORPORATED**

Principal Place of Business 175 LAKE HOLLINGSWORTH DRIVE LAKE LAND FL 33801-5697	Mailing Address 175 LAKE HOLLINGSWORTH DRIVE LAKE LAND FL 33801-5697
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Incorporated or Qualified <b>08/22/1977</b>
22. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	26. Mailing Address Suite, Apt. #, etc. City & State Zip Country	4. FEI Number <b>59-0683261</b>
23. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	27. Mailing Address Suite, Apt. #, etc. City & State Zip Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
24. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	28. Mailing Address Suite, Apt. #, etc. City & State Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees

9. Name and Address of Current Registered Agent

**ROBERTS, J H**  
**1446 OAKLAWN PLACE**  
**LAKE LAND FL 33803**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	<b>FL</b>
85. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	YOUNG, JIM	
STREET ADDRESS	2923 SHOAL CREEK VILLAGE DR	
CITY-ST-ZIP	LAKE LAND FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FETHERMAN, CRAIG	
STREET ADDRESS	1744 ROSSHIRE CT	
CITY-ST-ZIP	LAKE LAND FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	WALKER, DAVID G	
STREET ADDRESS	1835 STONECREST CT	
CITY-ST-ZIP	LAKE LAND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SPTO, CAROLYN	
STREET ADDRESS	2515 HOLLINGSWORTH HILL	
CITY-ST-ZIP	LAKE LAND FL	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PD Brooks Chandler
1.3 STREET ADDRESS	203 Hibriten Way
1.4 CITY-ST-ZIP	Lakeland, FL 33803
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Bigley, James D.
3.3 STREET ADDRESS	734 Heartland Cir., Bldg 7, #734
3.4 CITY-ST-ZIP	Mulberry, FL 33860
4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Clarke, John
4.3 STREET ADDRESS	4321 Braemer Avenue
4.4 CITY-ST-ZIP	Lakeland, FL 33813
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 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 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, with all other like empowered.

SIGNATURE: Brooks Chandler DATE: Jan 21 1999 (941) 603-7565

CR2E037 (11/98)