#### FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

### 1999

## DOCUMENT # N9700002053

SHILOH COVENANT FELLOWSHIP OF LAKELAND, INC.

Principal Place of Business
8660 INDIAN RIDGE TRAIL
LAKFLAND FL 33809

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address P.O. BOX 90874 LAKELAND FL 33804

2a. Mailing Address

Suite, Apt. #, etc.

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# **FILED** Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90086 042 \*\*\*\*61.25

3. Date Incorporated or Qualifed

04/11/1997

4. FEI Number

2		27				NOT APPLICABLE	Not	Not Applicable	
City & Stat	e	City & State	City & State			5 Contiferate of Status Decired	5. Certificate of Status Desired  \$8.75 Additional		
28						3. Certificate of Status Desired	Fee Re	quired	
Zip	Country Zip			Country		6. Election Campaign Financing	\$5.00		
4	25 29 30			<u> </u>		Trust Fund Contribution	Added to	Fees	
Name and Address of Current Registered Agent						10. Name and Address of New Registe	red Agent		
				81	Name				
BIRD, LANCE					82 Street Address (P.O. Box Number is Not Acceptable)				
8660 INDIAN RIDGE TRAIL LAKELAND FL 33804									
				83				1	
				84	City		85 Zip C	ode	
					•	_	-L		
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florid	la Statutes, the	above	-named cor	poration submits this statement for the purpos tion's board of directors. I hereby accept the a	e of changing its	registered ristered	
office of r	egistered agent, or both, in the State to m familiar with, and accept the obligat	ions of, Section 617.0	503, Florida St	eu by atutes.	uie corpora	ation's board of directors. Thereby accept the of	ppontanont do ros	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
SIGNATURE									
	Signature, typed or printed name of registered agent				t signature requi	red when reinstating) DATI		DC IN 12	
12.	OFFICERS ANI		1:			ADDITIONS/CHANGES TO OFFICERS		Addition	
TITLE	DVP	□ DE		TITLE			☐ Change	Addition	
NAME	BIRD, MERRY		1,2	NAME					
STREET ADDRESS	8660 Indian Ridge Trail		1.3	STREET	ADDRESS				
CITY-ST-ZIP	LAKELAND FL 33809			CITY-SI	-ZIP				
TITLE	DVP	□ DE	LETE 2.1	2.1 TITLE			Change	Addition	
NAME	DUNTON, BRUCE		2.2	NAME	1			l	
STREET ADDRESS	8660 INDIAN RIDGE TRAIL		23	STREET	ADDRESS		•		
CITY-ST-ZIP	LAKELAND FL 33809			CITY-S	T-ZIP			T Addition	
TITLE	DP DELETE			AT TITLE		Change	☐ Addition		
NAME	BIRD, LANCE		3.2	NAME	}				
STREET ADDRESS	8660 INDIAN RIDGE TRAIL		3.3	STREET	ADDRESS				
C(TY-ST-ZIP	LAKELAND FL 33809			. CITY-S	T- ZIP			CT A data:	
TITLE		□ DE	LETE 4.1	TITLE			Change	Addition	
NAME			4.3	NAME	-		•		
STREET ADDRESS			4.3	STREET	ADDRESS			Į	
CITY-ST-ZIP				CITY-ST	r-ZIP				
TITLE		☐ DE		TITLE			☐ Change	☐ Addition	
NAME				NAME					
STREET ADDRESS	}				ADORESS			}	
CITY-ST-ZIP				CITY-ST	r-ZIP				
TITLE		☐ DE		TITLE			Change	☐ Addition	
NAME				NAME					
STREET ADDRESS			6.3	STREET	ADDRESS				
CITY-ST-ZIP				CITY-S					
14 16		Labia diling dana aat c	walific for the a	· amnti	an atatad in	Section 119 07(3)(i) Florida Statutes, I furthe	r cortin; that the in	nomation	

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. If further certify rich the information indicated on this annual report or suppliemental 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 an attachment with an address, with all other like empowered.

SIGNATURE:

Applied For