

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90092 036 ****61.25

06 10 98

DOCUMENT # N97000002053

1. Entity Name

SHILOH COVENANT FELLOWSHIP OF LAKELAND, INC.

Principal Place of Business

**8660 INDIAN RIDGE TRAIL
 LAKELAND FL 33809**

Mailing Address

**P.O. BOX 90874
 LAKELAND FL 33804**

00008065



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BIRD, LANCE
 8660 INDIAN RIDGE TRAIL
 LAKELAND FL 33804**

Name

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

City

FL

Zip Code

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.

SIGNATURE _____

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVP	<input type="checkbox"/> Delete
NAME	BIRD, MERRY	
STREET ADDRESS	8660 INDIAN RIDGE TRAIL	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	DUNTON, BRUCE	
STREET ADDRESS	8660 INDIAN RIDGE TRAIL	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BIRD, LANCE	
STREET ADDRESS	8660 INDIAN RIDGE TRAIL	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Lance Bird **RECEIVED** G. Bird 1-10-01 863-853-5109
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)