


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 22, 2006 08:00 A
Secretary of State

DOCUMENT # N01000005924 1. Entity Name EDGEWOOD CHURCH OF CHRIST IN LAKELAND, FLORIDA, INC.	
---	---

Principal Place of Business 1815 EAST EDGEWOOD DR LAKELAND, FL 33803	Mailing Address 1815 EAST EDGEWOOD DR LAKELAND, FL 33803
--	--

DO NOT WRITE IN THIS SPACE



03192006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3742637	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BROWN, WILLIAM D 1815 EAST EDGEWOOD DR LAKELAND, FL 33803
--

DO NOT WRITE
IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UD00000477727 04/06/06-80062-021 61.25
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTHONY, G. PARKER 8213 N CAMPBELL RD LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, RICHARD H 225 HILLSIDE DR LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, WILLIAM D 5556 HIGHLANDS VISTA CIR LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILCHREST, RALPH III 1910 CLUBHOUSE RD LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KALEY, ROBERT 1920 E EDGEWOOD DR, # H-1 LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____