

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000005924

**Entity Name:** EDGEWOOD CHURCH OF CHRIST IN LAKELAND, FLORIDA, INC.

**FILED**  
**Mar 04, 2015**  
**Secretary of State**  
**CC1541239051**

**Current Principal Place of Business:**

1815 EAST EDGEWOOD DR  
LAKELAND, FL 33803

**Current Mailing Address:**

1815 EAST EDGEWOOD DR  
LAKELAND, FL 33803

**FEI Number: 59-3742637**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BROWN, WILLIAM D  
5556 HIGHLANDS VISTA CIR  
LAKELAND, FL 33813 US

*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                       |                 |                          |
|-----------------|-----------------------|-----------------|--------------------------|
| Title           | D                     | Title           | D                        |
| Name            | ANTHONY, G. PARKER    | Name            | BROWN, WILLIAM D         |
| Address         | 8213 N CAMPBELL RD    | Address         | 5556 HIGHLANDS VISTA CIR |
| City-State-Zip: | LAKELAND FL 33810     | City-State-Zip: | LAKELAND FL 33813        |
|                 |                       |                 |                          |
| Title           | DIRECTOR              |                 |                          |
| Name            | SCREWS, JEFFERY       |                 |                          |
| Address         | 5825 MYRTLE HILL DR W |                 |                          |
| City-State-Zip: | LAKELAND FL 33811     |                 |                          |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: G. PARKER ANTHONY**

**DIRECTOR**

**03/04/2015**

Electronic Signature of Signing Officer/Director Detail

Date