

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002215

Entity Name: EPIC CHURCH OF LAKE LAND, INC.**Current Principal Place of Business:**1115 E. MEMORIAL BLVD.
LAKE LAND, FL 33801**Current Mailing Address:**PO BOX 91996
LAKE LAND, FL 33804**FEI Number:** 59-3592721**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SKINNER, JEFF
1115 E. MEMORIAL BLVD.
LAKE LAND, FL 33801 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 PRESIDENT, DIRECTOR
Name ARNOLD, SHIRLEY
Address PO BOX 91996
City-State-Zip: LAKE LAND FL 33804

Title VP, DIRECTOR
Name SKINNER, JEFF
Address PO BOX 91996
City-State-Zip: LAKE LAND FL 33804

Title SECRETARY, DIRECTOR
Name GIBSON, CYNTHIA
Address PO BOX 91996
City-State-Zip: LAKE LAND FL 33804

Title TREASURER, DIRECTOR
Name BEDIENT, KIMBERLEY A
Address P.O. BOX 91996
City-State-Zip: LAKE LAND FL 33804

Title DIRECTOR
Name CAUSEY, MICHAEL A
Address PO BOX 91996
City-State-Zip: LAKE LAND FL 33804

Title DIRECTOR
Name PARKS, STANLEY
Address PO BOX 91996
City-State-Zip: LAKE LAND FL 33804

Title DIRECTOR
Name ROLLINS, STEPHANIE
Address PO BOX 91996
City-State-Zip: LAKE LAND FL 33804

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: KIMBERLEY A BEDIENT**TREASURER****04/29/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date