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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **701129** **(9)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 11:01
DO NOT WRITE IN THIS SPACE

1. Corporation Name
ADVENT CHRISTIAN CHURCH OF LAKELAND,FLORIDAINC.

Principal Place of Business	Mailing Address
/ FLORIDA INC 1211 NEW JERSEY RD LAKELAND FL 33801	/ FLORIDA INC 1211 NEW JERSEY RD LAKELAND FL 33801

3. Date Incorporated or Qualified: 06/25/1960
3a. Date of Last Report: 02/18/1994
4. FEI Number: 59-2163030 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GEORGE, HARLOW 3102 CARLETON CIR W LAKELAND, FL 33803	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name(s) changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	HANNAH, TRESSIE	12 NAME	
STREET ADDRESS	203 GLENDALE ST.	13 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	D PLEASE DELETE-NO REPLACE ☒ Change ☐ Addition
NAME	TIMMERMAN, WILLIAM	22 NAME	Timmerman, William
STREET ADDRESS	3720 HADE DR. S.	23 STREET ADDRESS	3720 Hade Drive, South
CITY-ST-ZIP	LAKELAND FL	24 CITY-ST-ZIP	Lakeland, FL 33801
TITLE	TS	31 TITLE	☐ Change ☐ Addition
NAME	CASEY, GUY E	32 NAME	
STREET ADDRESS	2532 GOLFVIEW ST	33 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 00000	34 CITY-ST-ZIP	
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	GEORGE, HARLOW	42 NAME	
STREET ADDRESS	3102 CARLETON CIR W	43 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 00000	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 on an attachment with an address.

SIGNATURE: Guy E. Casey Guy E. CASEY 2-19-95 813-428-2675 Ext. 325
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0036770