

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 701129 (9)
1. Corporation Name
ADVENT CHRISTIAN CHURCH OF LAKE LAND, FLORIDA INC.



Principal Place of Business / FLORIDA INC
1211 NEW JERSEY RD
LAKE LAND FL 33801

Mailing Address / FLORIDA INC
1211 NEW JERSEY RD
LAKE LAND FL 33801

3. Date Incorporated or Qualified 06/25/1960
3a. Date of Last Report 03/27/1995
4. FEI Number 59-2163030
Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25
2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GEORGE, HARLOW
3102 CARLETON CIR W
LAKE LAND, FL
33803

81 Name KIMBLE COOKSON
82 Street Address (P.O. Box Number is Not Acceptable)
83 1205 NEW JERSEY ROAD
84 City LAKE LAND FL 85 Zip Code 33801

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* KIMBLE COOKSON 3 Apr '96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE D
NAME HANNAH, TRESSIE
STREET ADDRESS 203 GLENDALE ST.
CITY-ST-ZIP LAKE LAND FL
☒ DELETE
TITLE TS
NAME CASEY, GUY E
STREET ADDRESS 2532 GOLFVIEW ST
CITY-ST-ZIP LAKE LAND, FL 00000
☐ DELETE
TITLE PD
NAME GEORGE, HARLOW
STREET ADDRESS 3102 CARLETON CIR W
CITY-ST-ZIP LAKE LAND, FL 00000
☒ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE 100001811201
1.2 NAME -05/07/96--01091--002
1.3 STREET ADDRESS ***61.25
1.4 CITY-ST-ZIP
2.1 TITLE SD
2.2 NAME CASEY, GUY E.
2.3 STREET ADDRESS 2532 GOLFVIEW ST.
2.4 CITY-ST-ZIP LAKE LAND, FL 33801
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE COOKSON, KIMBLE
4.2 NAME
4.3 STREET ADDRESS 1205 NEW JERSEY RD.
4.4 CITY-ST-ZIP LAKE LAND, FL 33801
5.1 TITLE TD
5.2 NAME BRADY, JO ANN
5.3 STREET ADDRESS 3809 CHARTER RD
5.4 CITY-ST-ZIP LAKE LAND, FL 33801
6.1 TITLE D
6.2 NAME ELDRIDGE, FREDRICK
6.3 STREET ADDRESS 1104 BARTOW RD. SOUTH, APT. D-45
6.4 CITY-ST-ZIP LAKE LAND, FL 33801

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)(k), 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: *[Signature]* Guy E. CASEY 4-3-96 941-665-7766
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)