


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 702346 (8) 1. Corporation Name COMMUNITY BAPTIST CHURCH OF LAKE LAND, INC.					
Principal Place of Business 302 LONGFELLOW BLVD. LAKE LAND FL 33801			Mailing Address 302 LONGFELLOW BLVD. LAKE LAND FL 33801		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/27/1961	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0998190	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent JOHNSON, DON 452 SOUTHERN AVE LAKE LAND FL 33801				10. Name and Address of New Registered Agent	
				81 Name DAN BARWIG	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83 3915 Timberlake Rd. S.	
				84 City LAKE LAND	85 Zip Code FL 33810
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 <i>Dan Barwig</i> Dan Barwig DATE 1-8-98 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEIM RUSSELL		1.2 NAME		
STREET ADDRESS	2774 GALE ROSE DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE LAND FL		1.4 CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBERTS, ANNE		2.2 NAME	Denise Sheldon	
STREET ADDRESS	2319 BROADWAY		2.3 STREET ADDRESS	4015 Cind Rd	
CITY-ST-ZIP	LAKE LAND FL		2.4 CITY-ST-ZIP	LAKE LAND FL 33810	
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEIM, RUSSELL		3.2 NAME		
STREET ADDRESS	2774 GALE ROSE DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE LAND FL		3.4 CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, DON		4.2 NAME	Dan BARWIG	
STREET ADDRESS	452 SOUTHERN AVE		4.3 STREET ADDRESS	3915 Timberlake Rd. S.	
CITY-ST-ZIP	LAKE LAND FL		4.4 CITY-ST-ZIP	LAKE LAND FL 33810	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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: *Keim Russell* **Keim Russell** PD-TD 01-08-98 941-665-7619

CR2E037 (10/97)