

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90171 015 \*\*\*\*61.25

<b>DOCUMENT # 702921</b>	
1. Entity Name <b>LAKELAND CHRISTIAN SCHOOL, INC.</b>	



Principal Place of Business <b>1111 FOREST PARK ST. LAKELAND, FL 33803</b>	Mailing Address <b>1111 FOREST PARK ST. LAKELAND, FL 33803</b>
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4007836Z



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04202006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-0730067</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KNOWLTON, KEVIN C 225 EAST LEMON STREET SUITE 300 LAKELAND, FL 33801		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	DATE _____
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD GREEN, DAN 6755 POLEY CREEK DRIVE LAKELAND, FL 33811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARSON, RANDY 207 NORTH FRANKLIN STREET PLANT CITY, FL 33566 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHELBY, GLENN T 1919 VISTA VIEW DRIVE LAKELAND, FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBBINS, ROBBIE 3941 OLD TAMPA HWY LAKELAND, FL 33811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KNOWLTON, KEVIN C 1143 EAST HIGHLAND DRIVE LAKELAND, FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELANGE, DANIEL M 3315 CREWS LAKE ROAD LAKELAND, FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Kevin C. Knowlton, Chairman</u>	Date: <u>4/21/06</u>	Daytime Phone #: <u>(863) 683-6511</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

ATTACHMENT  
40078362  
#702921

**2006 NOT-FOR-PROFIT CORPORATION**

**ANNUAL REPORT**

**Document #702921**

Block #10 Continued

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Maguire, George 819 South Clayton Avenue Lakeland, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mueller, Jay 216 Carey Place Lakeland, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mutz, Bill 3901 Cheverly Drive, East Lakeland, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nederveld, Dean 2514 Troy Avenue Lakeland, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sligh, Dr. Steve 320 Kenwith Road Lakeland, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tucker, Dr. John O. 3431 Bridgefield Dr. Lakeland, FL 33803