

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 # 703926 (6)

1. Corporation Name

GROVE PARK CHRISTIAN CHURCH, INC., LAKELAND

Principal Place of Business

1819 COOLIDGE RD
LAKELAND FL 33803

Mailing Address

1819 COOLIDGE RD
LAKELAND FL 33803



3. Date Incorporated or Qualified 04/20/1962
3a. Date of Last Report 03/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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4. FEI Number 59-1202073
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RONHOVDE, HANS A.
1500 PADDOCK DRIVE
PLANT CITY FL 33567

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 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 typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DC ☐ DELETE
NAME THOMAS, PATE
STREET ADDRESS 1201 HAMMOCK SHADE DRIVE
CITY-STATE-ZIP LAKELAND FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE T ☐ DELETE
NAME RONHOVDE, HANS A
STREET ADDRESS 1500 PADDOCK DRIVE
CITY-STATE-ZIP PLANT CITY FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE D ☐ DELETE
NAME ABEL, DON
STREET ADDRESS 3428 LORI LANE NORTH
CITY-STATE-ZIP LAKELAND FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE D ☐ DELETE
NAME BOYD, KEITH
STREET ADDRESS 1806 SUZANNE LANE
CITY-STATE-ZIP LAKELAND FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE D ☐ DELETE
NAME EDWARDS, TOM
STREET ADDRESS 3462 CHRISTINA CR CIR SO
CITY-STATE-ZIP LAKELAND FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE DS ☐ DELETE
NAME STINE, TIMOTHY
STREET ADDRESS 5015 TERRY LANE
CITY-STATE-ZIP LAKELAND FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)