


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 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 # 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 | | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | | 3. Date Incorporated or Qualified 04/20/1962 4. FEI Number 59-1202073 Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | 9. Name and Address of Current Registered Agent RONHOVDE, HANS A. 1500 PADDOCK DRIVE PLANT CITY FL 33567 | | | |
| 10. Name and Address of New Registered Agent 81 Name Richard Spinks 82 Street Address (P.O. Box Number is Not Acceptable) 83 2349 Deerbrook Dr. 84 City Lakeland 85 Zip Code FL 33811 | | 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 Richard A. Spinks DATE 2/1/98 (NOTE: Registered Agent signature required when reinstating) | | | |
| 12. OFFICERS AND DIRECTORS | | | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | |
| 1.1 TITLE <input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 1.2 NAME THOMAS G. PATE | | | | | |
| 1.3 STREET ADDRESS 4915 Tradition DR. | | | | | |
| 1.4 CITY-ST-ZIP Lakeland, FL 33813 | | | | | |
| 2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | | | |
| 2.2 NAME Richard Spinks | | | | | |
| 2.3 STREET ADDRESS 2349 Deerbrook Dr. | | | | | |
| 2.4 CITY-ST-ZIP Lakeland, FL 33811 | | | | | |
| 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 3.2 NAME | | | | | |
| 3.3 STREET ADDRESS | | | | | |
| 3.4 CITY-ST-ZIP | | | | | |
| 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 4.2 NAME | | | | | |
| 4.3 STREET ADDRESS | | | | | |
| 4.4 CITY-ST-ZIP | | | | | |
| 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 5.2 NAME | | | | | |
| 5.3 STREET ADDRESS | | | | | |
| 5.4 CITY-ST-ZIP | | | | | |
| 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 6.2 NAME | | | | | |
| 6.3 STREET ADDRESS | | | | | |
| 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: Richard A. Spinks DATE: 2/1/98 (941) 686-3044 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0054680 | | | | | |

CR2E037 (10/97)