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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 703926

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
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
27		28		29	
29		30		31	

9. Name and Address of Current Registered Agent
SPINS, RICHARD
2349 DEERBROOK DR
LAKELAND FL 33811

10. Name and Address of New Registered Agent

81 Name	JAMES D ANDERSON	
82 Street Address (P.O. Box Number is Not Acceptable)	3658 JOSHUA LANE	
83		
84 City	LAKE LAND	85 Zip Code 33813

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: *James D. Anderson* DATE: 7-3-99
Signature typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	THOMAS, PATE	1.2 NAME	
STREET ADDRESS	4815 TRIDITION DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	T
NAME	SPINKS, RICHARD	2.2 NAME	JAMES ANDERSON
STREET ADDRESS	2349 DEERBROOKE DR	2.3 STREET ADDRESS	3658 JOSHUA LANE
CITY-ST-ZIP	LAKELAND FL 33811	2.4 CITY-ST-ZIP	LAKELAND FL 33813
TITLE	D	3.1 TITLE	
NAME	ABEL, DON	3.2 NAME	
STREET ADDRESS	3428 LORI LANE NORTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	BOYD, KEITH	4.2 NAME	
STREET ADDRESS	1808 SUZANNE LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	EDWARDS, TOM	5.2 NAME	
STREET ADDRESS	3482 CHRISTINA CR CIR SO	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	
TITLE	DS	6.1 TITLE	
NAME	STINE, TIMOTHY	6.2 NAME	
STREET ADDRESS	5015 TERRY LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	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, with all other like empowered.

SIGNATURE: *James D. Anderson* SIGNATURE REQUIRED: *JAMES D ANDERSON* DATE: 6-12-99 DAYTIME PHONE #: 941-644-3642

CR2E037 (1/98)