

FILED
Jun 16, 1999 8:00 am
Secretary of State

06-16-1999 90016 043 ****61.25

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., LAKE LAND

Principal Place of Business

1819 COOLIDGE RD
LAKE LAND FL 33803

Mailing Address

1819 COOLIDGE RD
LAKE LAND FL 33803

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	04/20/1962	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-1202073	
24	Country	29	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SPINS, RICHARD 2349 DEERBROOK DR LAKE LAND FL 33811		81 Name JAMES D ANDERSON 82 Street Address (P.O. Box Number is Not Acceptable) 3658 JOSHUA LANE 83 84 City LAKE LAND FL 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



(NOTE: Registered Agent signature required when reinstating)

DATE

7-3-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, PATE	1.2 NAME	
STREET ADDRESS	4815 TRIDITION DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE LAND FL 33813	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPINKS, RICHARD	2.2 NAME	JAMES ANDERSON
STREET ADDRESS	2349 DEERBROOKE DR	2.3 STREET ADDRESS	3658 JOSHUA LANE
CITY-ST-ZIP	LAKE LAND FL 33811	2.4 CITY-ST-ZIP	LAKE LAND FL 33813
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABEL, DON	3.2 NAME	
STREET ADDRESS	3428 LORI LANE NORTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE LAND FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYD, KEITH	4.2 NAME	
STREET ADDRESS	1808 SUZANNE LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE LAND FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, TOM	5.2 NAME	
STREET ADDRESS	3462 CHRISTINA CR CIR SO	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE LAND FL	5.4 CITY-ST-ZIP	
TITLE	DS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STINE, TIMOTHY	6.2 NAME	
STREET ADDRESS	5015 TERRY LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE LAND 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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES D ANDERSON

6-12-99

Date

941-644-3642

Daytime Phone #

CR2E037 (1/98)