

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90040 044 ****61.25

DOCUMENT # 703926

1. Entity Name

GROVE PARK CHRISTIAN CHURCH, INC., LAKELAND

Principal Place of Business

1819 COOLIDGE RD
 LAKELAND FLA 33803

Mailing Address

1819 COOLIDGE RD
 LAKELAND FLA 33803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1202073

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDERSON, JAMES D
 3658 JOSHUA LANE
 LAKELAND FL 33813

Name **THOMAS PATE**

Street Address (P.O. Box Number is Not Acceptable)

964 Summerfield Dr.

City **Lakeland**

FL

Zip Code **33803**

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.

SIGNATURE

Thomas Pate

Thomas Pate

1-21-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **THOMAS, PATE**
 STREET ADDRESS **4815 TRIDITION DR**
 CITY-ST-ZIP **LAKELAND FL 33813**

T ☒ Change ☐ Addition
 NAME **THOMAS, PATE**
 STREET ADDRESS **964 Summerfield Dr.**
 CITY-ST-ZIP **Lakeland, FL 33803**

TITLE ☒ Delete
 NAME **ANDERSON, JAMES**
 STREET ADDRESS **3658 JOSHUA LANE**
 CITY-ST-ZIP **LAKELAND FL 33813**

D ☐ Change ☒ Addition
 NAME **RAY MEDLER**
 STREET ADDRESS **120 COUNTRY LANE**
 CITY-ST-ZIP **Plant City, FL 33565**

TITLE ☐ Delete
 NAME **ABEL, DON**
 STREET ADDRESS **3428 LORI LANE NORTH**
 CITY-ST-ZIP **LAKELAND FL**

D ☒ Change ☐ Addition
 NAME **RAY MEDLER**
 STREET ADDRESS **2924 Pinedale Av.**
 CITY-ST-ZIP **Lakeland, FL 33803**

TITLE ☐ Delete
 NAME **BOYD, KEITH**
 STREET ADDRESS **1806 SUZANNE LANE**
 CITY-ST-ZIP **LAKELAND FL**

D ☒ Change ☐ Addition
 NAME **BOYD, KEITH**
 STREET ADDRESS **4215 Live Oak Rd.**
 CITY-ST-ZIP **Lakeland, FL 33813**

TITLE ☐ Delete
 NAME **EDWARDS, TOM**
 STREET ADDRESS **3462 CHRISTINA CR CIR SO**
 CITY-ST-ZIP **LAKELAND FL 33813**

☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **STINE, TIMOTHY**
 STREET ADDRESS **5015 TERRY LANE**
 CITY-ST-ZIP **LAKELAND FL 33813**

☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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:

Keith Boyd
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-01

863-686-3044

Date

Daytime Phone #

CR2E037 (10/00)