

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

004291

DOCUMENT # 703926

1. Entity Name

GROVE PARK CHRISTIAN CHURCH, INC., LAKELAND

02-13-2002 90196 035 ****61.25

Principal Place of Business

Mailing Address

1819 COOLIDGE RD
 LAKELAND FL 33803

1819 COOLIDGE RD
 LAKELAND FL 33803

2. Principal Place of Business

2025 Bartow Rd.

3. Mailing Address

2025 Bartow Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lakeland, FL

City & State

Lakeland, FL

4. FEI Number

59-1202073

Applied For

Not Applicable

Zip

33801-6556

Country

USA

Zip

33801-6556

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATE, THOMAS
964 SUMMERFIELD DR.
LAKELAND FL 33803

7. Name and Address of New Registered Agent

Name **JAMES D. FENNEL**
 Street Address (P.O. Box Number is Not Acceptable)

5243 Nichols Dr. W.

City **Lakeland**

FL

Zip Code **33813**

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 *James D. Fennell*

01-27-02

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

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, PATE	
STREET ADDRESS	964 SUMMERFIELD DR.	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	D C	<input type="checkbox"/> Delete
NAME	MEDER, RAY	
STREET ADDRESS	120 COUNTRY LANE	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABEL, DON	
STREET ADDRESS	2924 PINEDALE AVE.	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOYD, KEITH	
STREET ADDRESS	4215 LIVE OAK RD.	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EDWARDS, TOM	
STREET ADDRESS	3462 CHRISTINA CR CIR SO	
CITY-ST-ZIP	LAKELAND FL	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	STINE, TIMOTHY	
STREET ADDRESS	5015 TERRY LANE	
CITY-ST-ZIP	LAKELAND FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chad Williams	
STREET ADDRESS	3749 Deborah Dr.	
CITY-ST-ZIP	Lakeland, FL 33809	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Keith Ford	
STREET ADDRESS	146 Leitha Way	
CITY-ST-ZIP	Lakeland, FL 33809	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Dunlap	
STREET ADDRESS	2725 S. Lincoln Ave.	
CITY-ST-ZIP	Lakeland, FL 33803	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James D. Fennell	
STREET ADDRESS	5243 Nichols Dr. W.	
CITY-ST-ZIP	Lakeland, FL 33813	

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: *James D. Fennell* / SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR James D. Fennell / 01-27-02 941-753-5000
 Date Daytime Phone #

CFR2E037 (9/01)