

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 703926

1. Entity Name
GROVE PARK CHRISTIAN CHURCH, INC., LAKELAND



Principal Place of Business
**2025 BARTOW ROAD
LAKELAND, FL 33801-6556 US**

Mailing Address
**2025 BARTOW ROAD
LAKELAND, FL 33801-6556 US**



02052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

**FENNELL, JAMES D
5243 NICHOLS DR W
LAKELAND, FL 33813**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WILLIAMS, CHAD
STREET ADDRESS	3749 DEBORAH DR
CITY-ST-ZIP	LAKELAND, FL 33809
TITLE	D
NAME	MEDER, RAY
STREET ADDRESS	120 COUNTRY LANE
CITY-ST-ZIP	PLANT CITY, FL 33565
TITLE	D
NAME	ABEL, DON
STREET ADDRESS	2924 PINEDALE AVE.
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	D
NAME	FORD, KEITH
STREET ADDRESS	146 LEITHA WAY
CITY-ST-ZIP	LAKELAND, FL 33809
TITLE	D
NAME	DUNLAP, JOHN
STREET ADDRESS	2725 S LINCOLN AVE
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	DS
NAME	FENNELL, JAMES D
STREET ADDRESS	5243 NICHOLAS DR W
CITY-ST-ZIP	LAKELAND, FL 33813

UN1000445011
03/07/06-80026-020 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-06 941-753-5000 X72

Date

Daytime Phone #