

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703926

FILED
Apr 07, 2007
Secretary of State

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

Current Principal Place of Business:

2025 BARTOW ROAD
LAKELAND, FL 338016556 US

New Principal Place of Business:

Current Mailing Address:

2025 BARTOW ROAD
LAKELAND, FL 338016556 US

New Mailing Address:

FEI Number: 59-1202073

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILLIAMS, CHAD
Address: 3749 DEBORAH DR
City-St-Zip: LAKELAND, FL 33809

Title: D () Delete
Name: MEDER, RAY
Address: 120 COUNTRY LANE
City-St-Zip: PLANT CITY, FL 33565

Title: D () Delete
Name: ABEL, DON,
Address: 2924 PINEDALE AVE.
City-St-Zip: LAKELAND, FL 33803

Title: D () Delete
Name: FORD, KEITH
Address: 146 LEITHA WAY
City-St-Zip: LAKELAND, FL 33809

Title: D () Delete
Name: DUNLAP, JOHN
Address: 2725 S LINCOLN AVE
City-St-Zip: LAKELAND, FL 33803

Title: DS (X) Delete
Name: FENNELL, JAMES D
Address: 5243 NICHOLOS DR W
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WILLIAMS, CHAD
Address: 3743 DEBORAH DR
City-St-Zip: LAKELAND, FL 33810

Title: D (X) Change () Addition
Name: MEDER, RAY
Address: 635 N. EDGEWATER DR.
City-St-Zip: PLANT CITY, FL 33565

Title: D (X) Change () Addition
Name: SULLIVAN, SCOTT
Address: 2215 MIGUEL ST
City-St-Zip: LAKELAND, FL 33801

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: FENNELL, JAMES D
Address: 5243 NICHOLOS DR. W
City-St-Zip: LAKELAND, FL 33813

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES D. FENNELL

DS

04/07/2007

Electronic Signature of Signing Officer or Director

Date