


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90495 023 ****61.25

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
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
**FENNELL, JAMES D
5243 NICHOLS DR W
LAKELAND FL 33813**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 *James D. Fennell*
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 Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *SIGNATURE REQUIRED*

01-16-03 863-686-3044

CR2E037 (10/02)