FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:54

DOCUMENT # **704626** (1)

1. Corporation Name
SOUTH LAKELAND CHURCH OF GOD, INC.

Principal Place of Business	Mailing Address
1007 RUBY ST. LAKELAND FL 33801	1007 RUBY ST. LAKELAND FL 33801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/08/1962
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2447677 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 5330 Lakeland Highlands Rd	26 5330 Lakeland Highlands Rd.
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27 —
City & State 23 Lakeland, FL	City & State 28 Lakeland, FL
Zip 24 33813 Country 25 USA	Zip 29 33813 Country 30 USA

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☒ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RIGEL, WM. MALCOLM SR
1205 SCOTTSLAND DR.
LAKELAND FL 33813

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	1.1 TITLE	C/D	☑ Change ☐ Addition
NAME	ROBINSON, CHERYL	1.2 NAME	Alan Ramsey	
STREET ADDRESS	735 VENETIAN AVE	1.3 STREET ADDRESS	7650 Brian Loop	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	Lakeland FL 33809	
TITLE	T	2.1 TITLE	D	☑ Change ☐ Addition
NAME	PARDON, JAMES D	2.2 NAME	Bill Snyder	
STREET ADDRESS	510 RALPH ST	2.3 STREET ADDRESS	903 Balsamina	
CITY-ST-ZIP	BARTOW FL 33830	2.4 CITY-ST-ZIP	Brandon FL 33510	
TITLE	T	3.1 TITLE	D	☑ Change ☐ Addition
NAME	MANNERS, MALCOLM M	3.2 NAME	Marybelle Mallison	
STREET ADDRESS	1314 DIXON ST.	3.3 STREET ADDRESS	1335 Bell Ave.	
CITY-ST-ZIP	LAKELAND FL 33801	3.4 CITY-ST-ZIP	Lakeland FL 33805	
TITLE	T	4.1 TITLE	D/T	☑ Change ☐ Addition
NAME	NICHOLS, FOREST J	4.2 NAME	Forest J. Nichols	
STREET ADDRESS	2025 SYLVESTER RD. B.B.-7	4.3 STREET ADDRESS	2025 Sylvester Rd BB-7	
CITY-ST-ZIP	LAKELAND FL 33803	4.4 CITY-ST-ZIP	Lakeland FL 33803	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: "x" Marybelle Mallison 4/6/95 813/647-9282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

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