

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 704626 (1)
1. Corporation Name
SOUTH LAKE LAND CHURCH OF GOD, INC.



Principal Place of Business 5330 LAKE LAND HIGHLANDS RD LAKE LAND FL 33813 US	Mailing Address 5330 LAKE LAND HIGHLANDS RD LAKE LAND FL 33813-5212 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/08/1962	3a. Date of Last Report 04/24/1996
21	26	4. FEI Number 59-2447677	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23	28		
Zip	Country		
24	25		

9. Name and Address of Current Registered Agent RIGEL, WM. MALCOLM SR 1205 SCOTTS LAND DR. LAKE LAND FL 33813		10. Name and Address of New Registered Agent	
81 Name	Kenneth Bishop, Pastor		
82 Street Address (P.O. Box Number is Not Acceptable)	6327 Highlands Garden Ct		
83			
84 City	Lakeland	85 Zip Code	33813

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMSEY, ALAN	1.2 NAME	
STREET ADDRESS	7650 BRAIN LOOP	1.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE LAND FL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, BILL	2.2 NAME	
STREET ADDRESS	903 BALSAMINA	2.3 STREET ADDRESS	
CITY - ST - ZIP	BRANDON FL	2.4 CITY - ST - ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, MARSHA	3.2 NAME	
STREET ADDRESS	2714 HIGHLAND VUE PKWY	3.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE LAND FL	3.4 CITY - ST - ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLS, FOREST J	4.2 NAME	
STREET ADDRESS	2025 SYLVESTER RD. B.B.-7	4.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE LAND FL	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Forest J. Nichols* REQUIRED
Signature, typed or printed name of signing officer or director Date Daytime Phone # 0053194

CR2E037 (9/96)