

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 704626 (1)
1. Corporation Name
SOUTH LAKELAND CHURCH OF GOD, INC.



| | |
|---|---|
| Principal Place of Business 5330 LAKELAND HIGHLANDS RD LAKELAND FL 33813 US | Mailing Address 5330 LAKELAND HIGHLANDS RD LAKELAND FL 33813 US |
|---|---|

| | | |
|---|---|---|
| 3. Date Incorporated or Qualified 10/08/1962 | | |
| 4. FEI Number 59-2447677 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

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|---|----------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

9. Name and Address of Current Registered Agent

**BISH, PASTOR KENNETH
6327 HIGHLANDS GARDEN CT
LAKELAND FL 33813**

10. Name and Address of New Registered Agent

| | | | |
|---|---------------------------------|-------------|--|
| 81 Name | | | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 2643 Woodwind Hills Lane | | |
| 83 | | | |
| 84 City | FL | 85 Zip Code | |

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 *Ken Bishop* **Ken Bishop** DATE **3/19/98**

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 | CD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RAMSEY, ALAN | 1.2 NAME | DREYER, Richard L |
| STREET ADDRESS | 7650 BRAIN LOOP | 1.3 STREET ADDRESS | 1855 Margaret Ave |
| CITY-ST-ZIP | LAKELAND FL | 1.4 CITY-ST-ZIP | Bartow FL 33830 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SNYDER, BILL | 2.2 NAME | HOWE, Gordon |
| STREET ADDRESS | 903 BALSAMINA | 2.3 STREET ADDRESS | 5317 Creekmur Dr |
| CITY-ST-ZIP | BRANDON FL | 2.4 CITY-ST-ZIP | Lakeland FL 33813-4013 |
| TITLE | DS <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WILLIAMS, MARSHA | 3.2 NAME | BOLDMAN, Scott |
| STREET ADDRESS | 2714 HIGHLAND VUE PKWY | 3.3 STREET ADDRESS | 303 Montego Ct SE |
| CITY-ST-ZIP | LAKELAND FL | 3.4 CITY-ST-ZIP | Winter Haven FL 33884 |
| TITLE | DT <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | NICHOLS, FOREST J | 4.2 NAME | HARRELL, Michael W |
| STREET ADDRESS | 2025 SYLVESTER RD. B.B.-7 | 4.3 STREET ADDRESS | 3418 Southcrest Blvd |
| CITY-ST-ZIP | LAKELAND FL | 4.4 CITY-ST-ZIP | Lakeland FL 33813 |
| 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 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 *Richard Dreyer* **Richard Dreyer** DATE **3/22/98**

741/519-2387

CR2E037 (10/97)