

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # 704626**

SOUTH LAKELAND CHURCH OF GOD, INC.

| Finicipal Flace of Business | |
|---|--|
| 5330 LAKELAND HIGHLANDS RD LAKELAND FL 33813 US | |

2. Principal Place of Business

Mailing Address

2a. Mailing Address

5330 LAKELAND HIGHLANDS RD LAKELAND FL 33813

US

FILED Apr 26, 1999 8:00 am § Secretary of State

04-26-1999 90055 018 ****61.25

411939 - 90055 - 18

3. Date Incorporated or Qualifed

10/08/1962

| 21 | | 26 | | | 10/08/1962 | | |
|------------------|--|-------------------------------------|-------------|----------------------|---|--------------------------------------|------------------------|
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 4. FEI Number | Apr | lied For |
| 22 | | _ 27 | نستت | <u></u> | 59:2447677 | Not | Applicable. |
| City & State | City & State City & State | | | | 5. Certifcate of Status Desired | \$8.75 A | |
| 23 | | 28 | | | o. Solutions of States Desired | Fee Red | |
| ₁ Zip | Country | Zip | Country | | 6. Election Campaign Financing | \$5.00 | |
| 24 | 25 | 29 30 | <u> </u> | | Trust Fund Contribution | Added to | Fees |
| 3 | 9. Name and Address of Curren | t Registered Agent | | | 10. Name and Address of New Registere | J Agent | |
| | | | 81 | Name | | | 1 |
| BISH, PAS | Tor Kenneth | | 82 | Street Addre | ess (P.O. Box Number is Not Acceptable) | | |
| | DOWIND HILLS LANE | | | | | | |
| LAKELAND |) FL 33813 | | 83 | | | • | |
| | | | 84 | City | = | 85 Zip C | ode . |
| | | - | | • | F | — , , | |
| 11. Pursuant | to the provisions of Sections 617.0502 | 2 and 617.1508, Florida Statutes, | the above | e-named corpo | oration submits this statement for the purpose on's board of directors. I hereby accept the app | of changing its i cintment as rec | registered iistered |
| office or r | egistered agent, or both, in the State of m_familiar with, and accept the obligat | tions of, Section 617.0503, Florida | Statutes. | uie corporatio | ins board of directors. Thereby accept the app | | ,,,,,,, |
| SIGNATURE | | Rish | | | 4// | 9/99 | |
| SIGNATURE | Signature, typed or printed name of registered agent | | | t signature required | | ND DIDECTO | DC IN 12 |
| 12. | | D DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS A | | Addition |
| TITLE | CD | ☐ DELETE | 1.1 TITLE | | · | Change | ☐ AGGIGOII |
| NAME | Dreyer, Richard L | | 1.2 NAME | | | | |
| STREET ADDRESS | 1855 MARGARET AVE | | 1.3 STREET | ADDRESS | | | ' |
| CITY-ST-ZIP | BARTOW FL 33830 | | 1.4 CITY+S | r-ZIP | | _ | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | | Change | Addition |
| NAME | HOWE, GORDON | | 2.2 NAME | - | | | |
| STREET ADDRESS | 5317 CREEKMUR DR | - 1 | 2.3 STREET | ADDRESS | , etc., e | * | 1 |
| CITY-ST-ZIP | LAKELAND FL 33813-4013 | | 2. 4 CITY-S | T-ZIP | | | |
| TITLE | DS | ☐ DELETE | 3.1 TITLE | | | Change | ☐ Addition |
| NAME | BOLDMAN, SCOTT | | 3.2 NAME | | | | |
| STREET ADDRESS | 303 MONTEGO CT SE | | 3.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | WINTER HAVEN FL 33884 | | 3.4. CITY-S | T-ZIP | | | |
| TITLE | DT | ☐ DELETE | 4.1 TITLE | | | ☐ Change | ☐ Addition |
| NAME | HARRELL, MICHAEL W | | 4. 2 NAME | | | | |
| STREET ADDRESS | 3418 SOUTHCREST BLVD | | 4.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | LAKELAND FL 33813 | | 4.4 CITY-S | T-ZIP | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | ☐ Change | ☐ Addition |
| NAME | | | 5.2 NAME | 1 | | | |
| STREET ADDRESS | | | 5.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP, | | | 5.4 CITY-S | T-ZIP | | | |
| TITLE ' | District Annual Control of the Contr | ☐ DELETE | 6.1 TITLE | | | Change | . Addition |
| NAME | April 18 September 1994 | | 6.2 NAME | | | | |
| STREET ADDRESS | 40'd 82'4'52'3 | | 6.3 STREET | ADDRESS | | | 1 |
| CITY-ST-ZIP | | | 6.4 CfTY-S | T-ZIP | | | |

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, with all other like empowered.

SIGNATURE: