

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 705027 (1)

1. Corporation Name

LAKE MORTON COMMUNITY CHURCH, INC.

Principal Place of Business

169 LAKE MORTON DR.
P.O. BOX 1784
LAKELAND FL 33380

Mailing Address

169 LAKE MORTON DR.
P.O. BOX 1784
LAKELAND FL 33380



3. Date Incorporated or Qualified
01/08/1963

3a. Date of Last Report
02/14/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 33801

Country

29 Zip 33802

Country

4. FEI Number

59-2291101

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, DARYL
117 HIAWATHA TRAIL
LAKELAND FL 33803

81 Name
Knowlton, Kevin C.

82 Street Address (P.O. Box Number is Not Acceptable)
839 Heathercrest

83

84 City
Lakeland

FL

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

Kevin C. Knowlton

(NOTE: Registered Agent signature required when reinstating)

1-24-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME JOHNSON, DARYL
STREET ADDRESS 117 HIAWATHA TRAIL
CITY-ST-ZIP LAKELAND FL 33803 ☒ DELETE

1.1 TITLE PD
1.2 NAME Kevin C. Knowlton
1.3 STREET ADDRESS 839 Heathercrest
1.4 CITY-ST-ZIP Lakeland, FL 33813 ☒ Change ☐ Addition

TITLE VD
NAME KRIEGBAUM, RAY
STREET ADDRESS 3135 FOREST BROOK DR., N.
CITY-ST-ZIP LAKELAND FL 33811 ☒ DELETE

2.1 TITLE VD
2.2 NAME Lundgren, Paul
2.3 STREET ADDRESS 5736 Hebron Lane
2.4 CITY-ST-ZIP Lakeland, FL 33813 ☒ Change ☐ Addition

TITLE TD
NAME PENNEY, MIKELL
STREET ADDRESS 6314 CHRISTINA GROVE CIRCLE W
CITY-ST-ZIP LAKELAND FL ☒ DELETE

3.1 TITLE TD
3.2 NAME Williams, Walter
3.3 STREET ADDRESS 170 Sabel Lane
3.4 CITY-ST-ZIP Mulberry, FL 33860 ☒ Change ☐ Addition

TITLE SD
NAME STRAUBEL, CHAD
STREET ADDRESS 3277 HEATHER GLYNN DR
CITY-ST-ZIP MULBERRY FL ☒ DELETE

4.1 TITLE SD
4.2 NAME Wilson, Harold
4.3 STREET ADDRESS 3045 Buckingham Ave.
4.4 CITY-ST-ZIP Lakeland, FL 33803 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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)(k), 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:

Kevin C. Knowlton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-96

Date

(941)-683-6511

Daytime Phone #

CR2E037 (12/95)