

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90025 028 \*\*\*\*61.25

**DOCUMENT # 705027**

1. Corporation Name

**LAKE MORTON COMMUNITY CHURCH, INC.**

Principal Place of Business

169 LAKE MORTON DR.  
P.O. BOX 1784  
LAKELAND FL 33801  
US

Mailing Address

169 LAKE MORTON DR.  
P.O. BOX 1784  
LAKELAND FL 33802  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

01/08/1963

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

9. Name and Address of Current Registered Agent

KNOWLTON, KEVIN C.  
839 HEATHERCREST  
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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PD  
NAME KNOWLTON, KEVIN C.  
STREET ADDRESS 839 HEATHERCREST  
CITY-ST-ZIP LAKELAND FL ☒ DELETE

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

TITLE TD  
NAME WILLIAMS, WALTER  
STREET ADDRESS 170 SABEL LANE  
CITY-ST-ZIP MULBERRY FL ☒ DELETE

TITLE SD  
NAME WILSON, HAROLD  
STREET ADDRESS 3945 BUCKINGHAM AVE.  
CITY-ST-ZIP LAKELAND FL ☒ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition  
1.2 NAME Shelby, Glenn T.  
1.3 STREET ADDRESS 1919 Vista View Dr  
1.4 CITY-ST-ZIP Lakeland FL 33813

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE TD ☐ Change ☒ Addition  
3.2 NAME Penney, Mikell  
3.3 STREET ADDRESS 6314 Christina Grove Circle W  
3.4 CITY-ST-ZIP Lakeland, FL 33813

4.1 TITLE SD ☐ Change ☒ Addition  
4.2 NAME Wickenkamp, David  
4.3 STREET ADDRESS 2306 Brandon Rd  
4.4 CITY-ST-ZIP Lakeland, FL 33803

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/18/99

(941) 686-5919

CR2E037 (11/98)