

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705027

1. Entity Name

LAKE MORTON COMMUNITY CHURCH, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90115 028 ****61.25

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 33802-1784
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2291101
Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KNOWLTON, KEVIN C.
839 HEATHERCREST
LAKELAND FL 33813

Name
Kevin C. Knowlton
Street Address (P.O. Box Number is Not Acceptable)
1143 East Highland Drive
City **Lakeland** FL Zip Code **33813**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Kevin C. Knowlton Registered Agent 1/23/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHELBY, GLENN R	
STREET ADDRESS	1919 VISTA VIEW DR	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KRIEGBAUM, RAY	
STREET ADDRESS	3135 FOREST BROOK DR N	
CITY-ST-ZIP	LAKELAND FL	
TITLE	TRX	<input type="checkbox"/> Delete
NAME	PENNEY, MIKELL	
STREET ADDRESS	6314 CHRISTINA GROVE CIR W	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WICKENKAMP, DAVID	
STREET ADDRESS	2306 BRANDON RD	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Elder / D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Doug Wilson	
STREET ADDRESS	766 Sagewood Drive	
CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	Vice Chairman / VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	E. Harold Wilson	
STREET ADDRESS	3045 Buckingham Avenue	
CITY-ST-ZIP	Lakeland, FL 33803	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE RECEIVED MIKELL W. PENNEY 1/20/2000 (863) 686-5919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)