

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**  
 03-07-2002 90062 016 \*\*\*\*61.50

**DOCUMENT # 705027**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2291101**

Applied For

Not Applicable

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

**SHELBY, GLENN T**  
**2323 S FLORIDA AVE**  
**LAKELAND FL 33803**

Name **Johnson, Daryl A**

Street Address (P.O. Box Number is Not Acceptable)  
**117 Hiawatha Trail**

City **Lakeland** **FL** Zip Code **33803**

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: 

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/25/2002**

**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** ☒ Delete  
 NAME **SHELBY, GLENN T**  
 STREET ADDRESS **2323 S FLORIDA AVE**  
 CITY-ST-ZIP **LAKELAND FL 33803**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **WILSON, DOUG**  
 STREET ADDRESS **766 SAGEWOOD DRIVE**  
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VDT** ☐ Delete  
 NAME **PENNEY, MIKELL**  
 STREET ADDRESS **6314 CHRISTINA GROVE CIR W**  
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD** ☐ Delete  
 NAME **BOGAN, DAVID**  
 STREET ADDRESS **305 E PALM**  
 CITY-ST-ZIP **LAKELAND FL 33803**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **WATTS, JOHN**  
 STREET ADDRESS **5021 BONNYBROOK DR W**  
 CITY-ST-ZIP **LAKELAND FL 33811**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **JOHNSON, DARYL A**  
 STREET ADDRESS **117 HIWATHA TRAIL**  
 CITY-ST-ZIP **LAKELAND FL 33803**

TITLE ☒ Change ☐ Addition  
 NAME **PD Johnson, Daryl A**  
 STREET ADDRESS **117 Hiawatha Trail**  
 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:  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/25/2002** **688-8762**

Date Daytime Phone #

CR2E037 (9/01)