

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90204 038 ****61.25

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**JOHNSON, DARYL A
117 HIAWATHA TRAIL
LAKELAND FL 33803**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☐ Change ☒ Addition
NAME **Shelby, Glenn**
STREET ADDRESS **1919 Vista View Dr**
CITY-ST-ZIP **Lakeland FL 33813**

TITLE **D** ☐ Change ☒ Addition
NAME **Gordon Hurlburt**
STREET ADDRESS **3833 Timber Path**
CITY-ST-ZIP **Lakeland, FL 33805**

TITLE **D** ☐ Change ☒ Addition
NAME **Matthew Monroe**
STREET ADDRESS **5391 Miriam Dr**
CITY-ST-ZIP **Lakeland FL 33813**

TITLE **D** ☐ Change ☒ Addition
NAME **Charles Straubel**
STREET ADDRESS **3277 Heather Glynn Dr**
CITY-ST-ZIP **Mulberry FL 33860**

TITLE **D** ☐ Change ☐ Addition
NAME **Thomas LaVallee**

TITLE **D** ☐ Change ☒ Addition
NAME **Thomas LaVallee**
STREET ADDRESS **1476 Shorewood Ct.**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/03

CR2E037 (10/02)