

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 # 705190 (7)

1. Corporation Name

LAKELAND CHRISTIAN CHURCH INC



Principal Place of Business

1006 W. ARIANA ST.  
LAKELAND FL 33803-1811

Mailing Address

1006 W. ARIANA ST.  
LAKELAND FL 33803-1811

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

3. Date Incorporated or Qualified  
07/12/1963

3a. Date of Last Report  
04/28/1995

4. FEI Number

59-1947672

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

PRICE, LLOYD  
2841 ELIZABETH PLACE  
LAKELAND FL 33813

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	S	<input type="checkbox"/> DELETE
NAME	PRICE, LLOYD A.	
STREET ADDRESS	2841 ELIZABETH PL.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	STRICKLAND, PATRICIA A	
STREET ADDRESS	348 VINEYARD DRIVE	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BUCKNER, HARVEY	
STREET ADDRESS	1864 LYNNCREST RD.	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	WARD, DARYL	
STREET ADDRESS	2310 NORTH COUNTRY LOOP	
CITY-ST-ZIP	LAKELAND FL 33811-1345	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAWLINGS, KEN	
STREET ADDRESS	3921 WATER OAK DRIVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SYPE, DON	
STREET ADDRESS	4408 GINNY DR.	
CITY-ST-ZIP	LAKELAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	T
2.3 STREET ADDRESS	Wooley, Bryan
2.4 CITY-ST-ZIP	319 Vineyard Drive Lakeland, FL 33809
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	Tredway, Chris
3.4 CITY-ST-ZIP	2430 Cheshire Place Lakeland, FL 33809
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LLOYD A. PRICE, SEC.

8/19/96 (94) 6465300

CR2E037 (12/95)