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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90136 002 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 705190

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		3. Date Incorporated or Qualified	
21		26		07/12/1963	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1947672	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/>	
24		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

PRICE, LLOYD
2841 ELIZABETH PLACE
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
85	Zip Code

FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, LLOYD A.	1.2 NAME	
STREET ADDRESS	2841 ELIZABETH PL.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBINSON, TODD	2.2 NAME	Cd
STREET ADDRESS	1895 MAHAFFEY CIRCLE	2.3 STREET ADDRESS	Buckner, Harvey
CITY-ST-ZIP	LAKELAND FL 33811	2.4 CITY-ST-ZIP	6414 Shadowbrook
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Lakeland, FL 33813 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREDWAY, CHRIS	3.2 NAME	
STREET ADDRESS	2430 CHESHIRE PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	
TITLE	CD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, DARYL	4.2 NAME	Ward, Daryl
STREET ADDRESS	2310 NORTH COUNTRY LOOP	4.3 STREET ADDRESS	6739 Englelake Drive
CITY-ST-ZIP	LAKELAND FL 33811-1345	4.4 CITY-ST-ZIP	Lakeland, FL 33813
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAWLINGS, KEN	5.2 NAME	Rawlings, Ken
STREET ADDRESS	3921 WATER OAK DRIVE	5.3 STREET ADDRESS	3921 Water Oak Drive
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	Lakeland, FL 33809
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYPE, DON	6.2 NAME	
STREET ADDRESS	4408 GINNY DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	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:

Lloyd Price
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-99

Date

941 646 5300

Daytime Phone #

CR2E037 (11/98)