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2001 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the changed, or on an attac

SIGNATURE:

Mar 28, 2001 8:00 am DOCUMENT # 705190 **Secretary of State** 1. Entity Name 03-28-2001 90190 042 ****61.25 LAKELAND CHRISTIAN CHURCH INC Principal Place of Business Mailing Address 1006 W. ARIANA ST. 1006 W. ARIANA ST. LAKELAND FL 33803-1811 LAKELAND FL 33803-1811 2. Principal Place of Business 3. Mailing Address 901 W.Be 901 W. Bea Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1947672 akeland Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 1104 401K 35803-2701 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PRICE, LLOYD 2841 ELIZABETH PLACE LAKELAND FL 33813 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **Department of State** FEE IS \$61.25 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Change ☐ Addition TITLE ☐ Oelete TITLE PRICE, LLOYD A. NAME NAME STREET ADDRESS STREET ADDRESS 2841 ELIZABETH PL. CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL CD ☐ Delete TITLE Change Addition TITLE WARD, DARYL NAME NAME STREET ADDRESS 6739 ENGLELAKE DRIVE STREET ADDRESS CITY-ST-7IP CITY-ST-7IP LAKELAND FL 33813 TITLE ☐ Delete TITLE Change ☐ Addition TREDWAY, CHRIS NAME NAME STREET ADDRESS 2430 CHESHIRE PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL TITLE ☐ Delete ☐ Change ☐ Addition BOPP, SHANE STREET ADDRESS STREET ADDRESS 3143 FORESTGREEN DRIVE CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33811 TITLE □ Delete TITLE ☐ Change ☐ Addition RAWLINGS, KEN NAME NAME STREET ADDRESS STREET ADDRESS 3921 WATER OAK DRIVE CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33810 TITLE Delete TITLE Change ■ Addition NAME SYPE, DON NAME STREET ADDRESS STREET ADDRESS 4408 GINNY DR. CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 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

ver 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

with all other like empowered