

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 21, 2002 8:00 am**
Secretary of State

02-21-2002 90072 019 ****61.25

DOCUMENT # 705190

1. Entity Name

LAKELAND CHRISTIAN CHURCH INC

Principal Place of Business

**901 W BEASON RD
LAKELAND FL 33803-2701**

Mailing Address

**901 W BEASON RD
LAKELAND FL 33803-2701**

2. Principal Place of Business

901 W. Beacon Road

Suite, Apt. #, etc.

3. Mailing Address

901 W. Beacon Road

Suite, Apt. #, etc.

City & State
Lakeland, FL 33803City & State
Lakeland, FL 33803

Zip

Country

Zip

Country

4. FEI Number

59-1947672

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****PRICE, LLOYD
2841 ELIZABETH PLACE
LAKELAND FL 33813****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.

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PRICE, LLOYD A. 2841 ELIZABETH PL. LAKELAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WARD, DARYL 6739 ENGLELAKE DRIVE LAKELAND FL 33813	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREDWAY, CHRIS 2430 CHESHIRE PLACE LAKELAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOPP, SHANE 3143 FORESTGREEN DRIVE LAKELAND FL 33811	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAWLINGS, KEN 3921 WATER OAK DRIVE LAKELAND FL 33810	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SYPE, DON 4408 GINNY DR. LAKELAND FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Ward, Daryl 6739 Englelake Drive Lakeland, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CD Hollingsworth, Scot 4825 W. Miley Road Plant City, FL 33565

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:**Lloyd A. Price, Secretary 863-646-5300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)