

**FILE NOW: FILING FEE IS \$61.25**

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**Mar 11 1997 8:00am  
Secretary of State**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 712658 (4)**  
1. Corporation Name  
**TEMPLE BAPTIST CHURCH, INC., LAKELAND, FLORIDA.**



Principal Place of Business Mailing Address  
**4210 LAKELAND HIGHLANDS ROAD  
LAKELAND FL 33813** **4210 LAKELAND HIGHLANDS ROAD  
LAKELAND FL 33813-3113**

3. Date Incorporated or Qualified **04/27/1967** 3a. Date of Last Report **04/08/1996**

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-1364210</b>	Applied For Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Zip	Country	29	Country
25	Country	30	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**HAMMOND, VERNON F.  
5325 CREEKMUR DRIVE  
LAKELAND FL 33813**

10. Name and Address of New Registered Agent  
81 Name **Vipond, Fraser A.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**4210 Lakeland Highlands Road**  
83  
84 City **Lakeland** FL 85 Zip Code **33813**

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 *Fraser A. Vipond* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>SANFORD, PATRICIA</b>	
STREET ADDRESS	<b>5337 DAVID ST</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MC MILLEN, CHALMUS R.</b>	
STREET ADDRESS	<b>3532 LISA LN</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HAMMOND, VERNON</b>	
STREET ADDRESS	<b>5325 CREEKMUR DRIVE</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>S/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Sanford, Patricia</b>	
1.3 STREET ADDRESS	<b>719 Butternut Place</b>	
1.4 CITY-ST-ZIP	<b>Lakeland, FL 33813</b>	
2.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Vipond, Fraser A.</b>	
2.3 STREET ADDRESS	<b>4210 Lakeland Highlands Road</b>	
2.4 CITY-ST-ZIP	<b>Lakeland, FL 33813</b>	
3.1 TITLE	<b>VP/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Sanford, Roy E.</b>	
3.3 STREET ADDRESS	<b>719 Butternut Place</b>	
3.4 CITY-ST-ZIP	<b>Lakeland, FL 33813</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Collins, Ron</b>	
4.3 STREET ADDRESS	<b>2021 Woodbriar Loop N.</b>	
4.4 CITY-ST-ZIP	<b>Lakeland, FL 33813</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Grant, Bill</b>	
5.3 STREET ADDRESS	<b>6229 Woodale Dr. S.</b>	
5.4 CITY-ST-ZIP	<b>Lakeland, FL 33811</b>	
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 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.

SIGNATURE: *Fraser A. Vipond* 3/5/97 (941) 646-5031  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0053139

CR2E037 (9/96)