


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

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| DOCUMENT # 712658 1. Entity Name HIGHLANDS BAPTIST CHURCH OF LAKELAND, INC. |  |
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| Principal Place of Business 4210 LAKELAND HIGHLANDS ROAD LAKELAND, FL 33813 | Mailing Address 4210 LAKELAND HIGHLANDS ROAD LAKELAND, FL 33813 |
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01052005 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number 59-1364210 | Applied For Not Applicable |
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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| 6. Name and Address of Current Registered Agent RICHARDSON, JOHN 4210 LAKELAND HIGHLANDS ROAD LAKELAND, FL 33813 | DO NOT WRITE IN THIS SPACE |
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *John Richardson* John Richardson 1-13-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD GRANT, DAURICE A 223 ANNE MARIE CIRCLE LAKELAND, FL 33813 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P RICHARDSON, JOHN 4210 LAKELAND HIGHLANDS RD. LAKELAND, FL 33813 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SANFORD, ROY E. 719 BUTTERNUT PLACE LAKELAND, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GRANT, BILL 6229 WOODALE DR. S. LAKELAND, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD WAMSLEY, ROBERT H 3821 WHITEDOVE DR LAKELAND, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MILLER, TOM 5477 BEVERLY RISE BLVD. LAKELAND, FL 33813 |

U00000182058
01/19/05-80012-020 61.25

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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: *Daurice A. Grant-Daurice A. Grant* 1/13/05 (863)646-5031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #