2008 NOT-FOR-PROFIT CORPORATION . ANNUAL REPORT

FILED Feb 25, 2008 08:00 A Secretary of State

ANNUAL REPORT						Feb 25, 2008 08:0				
1. Entity Nan	SHIP BAPTIST CHURCH O	F LAKELAND,				S	ecre	etary of Sta		
•	ce of Business ELAND HEIGHTS BLVD. FL 33813	Mailing Address 4625 CLEVELAND HEIGHTS BLVD. LAKELAND, FL 33813			1 F 0 6 Y 1 9 1 6	41 1788 1781 1781 1784 1884 18	HEN BIRN DIF	AY ANDA BARK ANDINDI DA IDUK		
						No Chg-NP		037 (4/06)		
	O NOT WRITE				 FEI Numb 59-139 Certificate 			Applied For Not Applicable \$8.75 Additional Fee Required		
35 ° 45 35 36 86	6. Name and Address of Current F	र हो । भारत की अध्या कि । अध्या अध्या । Registered Agent	Article (S. Mary) (3)	The second second	. / 6° .635	and the same of th		PER REQUIRED		
KIRBY, MARK 320 CRESAP ST. LAKELAND, FL 33815						NOT WI THIS SPA	4.5	- "L" > 20 . " . 27 . " . " . " . " . " . " . " . " . " .		
	e named entity submits this statement for tions of registered agent. Separate typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2008	# · · · · · · · · · · · · · · · · · · ·	ad Agent signature	e required who		oth, in the State of Flori	_	familiar with, and accept		
·				70000				· · · · · · · · · · · · · · · · · · ·		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROTH, S. LEE 3625 BRIDGEFIELD DR LAKELAND, FL 33803	DIRECTORS		工学となる						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SHELBURNE, JOHN 5443 GLENMORE DR. LAKELAND, FL 33813			東京 東		-403206208-8	33531 0015=1	010 61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, CHUCK 586 COUNTRY MEADOWS BLVD PLANT CITY, FL 338131338).	1000	事が	1470	NOT W	1 1-	الحرابي المرابع المرابع المرابع المرابع المرابع		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC ROTH, SCOTT 703 ORANGE VALLEY LN. LAKELAND, FL 33813			等表	IN	THIS SP	ACE			
TITLE NAME	D JERTBERG, THOMAS		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							

SIGNATURE:

STREET ADDRESS*

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME 304'HILLSIDE'DR.

LAKELAND, FL 33803 ***

KIRBY, MARK

320 CRESAP ST. -

LAKELAND, FL 33815

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/08

Daytime Phone #

^{12.} I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.