

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 715002 (2)  
1. Corporation Name  
PROVIDENCE BAPTIST CHURCH OF LAKELAND, INC.



Principal Place of Business: 8330 N. SOCRUM LOOP ROAD, LAKELAND FL 33809, US  
Mailing Address: 8330 N. SOCRUM LOOP ROAD, LAKELAND FL 33809, US

3. Date Incorporated or Qualified: 07/24/1968  
3a. Date of Last Report: 03/14/1995  
4. FEI Number: NOT APPLICABLE  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

21. Principal Place of Business: Suite, Apt. #, etc.  
22. City & State  
23. Zip, Country  
24. Zip, Country  
25. Country  
26. Mailing Address: Suite, Apt. #, etc.  
27. City & State  
28. City & State  
29. Zip, Country  
30. Zip, Country

9. Name and Address of Current Registered Agent  
MCCLURE, DANIEL A.  
6404 DORCHESTER RD.  
LAKELAND FL 33809

10. Name and Address of New Registered Agent  
81 Name: Thomas L. Lamborn  
82 Street Address (P.O. Box Number is Not Acceptable): 8424 Island Oaks West  
83  
84 City: Lakeland FL 85 Zip Code: 33805

11. Pursuant to the provisions of Sections 617.0002 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: *Thomas L. Lamborn* DATE: 4-3-96

12. OFFICERS AND DIRECTORS

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | WILLIAMS, GEORGE        | <input type="checkbox"/> DELETE            |
| NAME           | 906 ASPEN DRIVE         |  |
| STREET ADDRESS | LAKELAND FL             |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          | PT FLETCHER, SIMEON     | <input checked="" type="checkbox"/> DELETE |
| NAME           | 1210 OLD POLK CITY ROAD |  |
| STREET ADDRESS | LAKELAND FL             |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          | PD BROWN, DAVID         | <input type="checkbox"/> DELETE            |
| NAME           | 2505 S WIGGINS RD       |  |
| STREET ADDRESS | PLANT CITY FL           |  |
| CITY-ST-ZIP    |                         |  |
| 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          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | Bob Boher   |
| 2.3 STREET ADDRESS | 1209 Evergreen Dr.  |
| 2.4 CITY-ST-ZIP    | Lakeland Fl. 33805  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *David Brown* DATE: 4/3/96 DAYTIME PHONE: 813-671-5446

CR2E037 (12/95)