

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # 715002 (2)  
1. Corporation Name  
PROVIDENCE BAPTIST CHURCH OF LAKE LAND, INC.Principal Place of Business  
8330 N. SOCRUM LOOP ROAD  
LAKE LAND FL 33809  
USMailing Address  
8330 N. SOCRUM LOOP ROAD  
LAKE LAND FL 33809-5237  
US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/24/1968		3a. Date of Last Report 04/10/1996	
21		26		4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LAMBORN, THOMAS L 8424 ISLAND OAKS WEST LAKE LAND FL 33805				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	T	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, GEORGE			1.2 NAME	DAUCHY, VERNON M.		
STREET ADDRESS	906 ASPEN DRIVE			1.3 STREET ADDRESS	202 E. GRIFFIN #45		
CITY-ST-ZIP	LAKE LAND FL			1.4 CITY-ST-ZIP	LAKE LAND, FL		
TITLE	PT	<input type="checkbox"/> DELETE		2.1 TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOHER, BOG			2.2 NAME	BOHRER, ROBERT		
STREET ADDRESS	1204 EVERGREEN DR			2.3 STREET ADDRESS	1204 EVERGREEN DR		
CITY-ST-ZIP	LAKE LAND FL			2.4 CITY-ST-ZIP	LAKE LAND, FL		
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, DAVID			3.2 NAME			
STREET ADDRESS	2505 S WIGGINS RD			3.3 STREET ADDRESS			
CITY-ST-ZIP	PLANT CITY FL			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: *Vernon M. Dauchy* **VERNON M. Dauchy, treasurer**

4/9/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0052965

CR2E037 (9/96)