

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 16 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 715002 (2)
 1. Corporation Name
PROVIDENCE BAPTIST CHURCH OF LAKELAND, INC.



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|---|---|
| Principal Place of Business 8330 N. SOCRUM LOOP ROAD LAKELAND FL 33809 US | Mailing Address 8330 N. SOCRUM LOOP ROAD LAKELAND FL 33809 US |
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| 3. Date Incorporated or Qualified 07/24/1968 |
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| 4. FEI Number NOT APPLICABLE | Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
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| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
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|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent LAMBORN, THOMAS L 8424 ISLAND OAKS WEST LAKELAND FL 33805 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL |
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11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------|---|--|
| TITLE | T | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAUCHY, VERNON M | 1.2 NAME | |
| STREET ADDRESS | 202 E GRIFFIN, #45 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKELAND FL | 1.4 CITY-ST-ZIP | |
| TITLE | PT | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOHRER, ROBERT | 2.2 NAME | |
| STREET ADDRESS | 1204 EVERGREEN DR | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKELAND FL | 2.4 CITY-ST-ZIP | |
| TITLE | PD | 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 | | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 4.2 NAME | McClain, Melvin |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 10848 Country View Drive |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | Lakeland FL 33809 |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 5.2 NAME | Tr Wallace, Jack |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 151 Jenny Way |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | Lakeland, FL 33804 |
| TITLE | | 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 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** 4/8/98 941-858-7659

CR2E037 (10/97)