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**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90063 042 \*\*\*\*61.25

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 715002**

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/24/1968

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

24 Zip 25 Country

28 Zip 29 Country

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAMBORN, THOMAS L  
 8424 ISLAND OAKS WEST  
 LAKELAND FL 33805

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

FL

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  DELETE  
 NAME: DAUCHY, VERNON M  
 STREET ADDRESS: 202 E GRIFFIN, #45  
 CITY-ST-ZIP: LAKELAND FL

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE: PT  DELETE  
 NAME: BOHRER, ROBERT  
 STREET ADDRESS: 1204 EVERGREEN DR  
 CITY-ST-ZIP: LAKELAND FL

2.1 TITLE  Change  Addition  
 2.2 NAME: TI  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE: PD  DELETE  
 NAME: BROWN, DAVID  
 STREET ADDRESS: 2505 S WIGGINS RD  
 CITY-ST-ZIP: PLANT CITY FL

3.1 TITLE  Change  Addition  
 3.2 NAME: TR  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE: D  DELETE  
 NAME: MCCLAIN, MELVIN  
 STREET ADDRESS: 10848 COUNTRY VIEW DR  
 CITY-ST-ZIP: LAKELAND FL 33809

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE: TR  DELETE  
 NAME: WALLACE, JACK  
 STREET ADDRESS: 151 JENNY WY  
 CITY-ST-ZIP: LAKELAND FL 33804

5.1 TITLE  Change  Addition  
 5.2 NAME: TR  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE:  DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

6.1 TITLE  Change  Addition  
 6.2 NAME: TR  
 6.3 STREET ADDRESS: Reincke, Ron  
 6.4 CITY-ST-ZIP: 1123 Walt Williams Rd #244 LAKELAND, FL 33809

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, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE REQUIRED

*Handwritten signatures and dates: 4-7-99, 859-0404*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)