

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

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

DOCUMENT # 715002

1. Corporation Name

PROVIDENCE BAPTIST CHURCH OF LAKE LAND, INC.

Principal Place of Business
8330 N. SOCRUM LOOP ROAD
LAKE LAND, FL 33809
US

Mailing Address
8330 N. SOCRUM LOOP ROAD
LAKE LAND 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

22 City & State

27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

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

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
NAME DAUCHY, VERNON M
STREET ADDRESS 202 E GRIFFIN, #45
CITY-ST-ZIP LAKE LAND FL
☒ DELETE

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

TITLE PT
NAME BOHRER, ROBERT
STREET ADDRESS 1204 EVERGREEN DR
CITY-ST-ZIP LAKE LAND FL
☐ DELETE

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

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

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

TITLE D
NAME MCCLAIN, MELVIN
STREET ADDRESS 10848 COUNTRY VIEW DR
CITY-ST-ZIP LAKE LAND FL 33809
☐ DELETE

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

TITLE TR
NAME WALLACE, JACK
STREET ADDRESS 151 JENNY WY
CITY-ST-ZIP LAKE LAND FL 33804
☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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
LAKE LAND, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)