

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 717584 (7)

1. Corporation Name

SKYLAND BAPTIST CHURCH, INC.

Principal Place of Business

906 SAVANNAH AVENUE
LAKELAND FL 33801

Mailing Address

906 SAVANNAH AVENUE
LAKELAND FL 33801



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

11/19/1969

3a. Date of Last Report

02/03/1995

4. FEI Number

59-2359596

Applied For

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

LAMB, THELMA
3120 HONEOYE TR.
LAKELAND FL 33809

10. Name and Address of New Registered Agent

81 Name

A.G. Bell

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

1924 W. Highland Street

83

84 City

Lakeland

FL

85 Zip Code

33801

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 A.G. Bell Chairman/Trustee

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

(NOTE: Registered Agent signature required when reinstating)

6-10-96
DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

SHERROUSE, CLAYTON
2015 SOMERVILLE DR.S.
LAKELAND, FL 00000

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

STD

LAMB, THELMA
3120 HONEOYE TR.
LAKELAND FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

WEATHERFORD, PERRY W.
2532 MEADOW LANE
LAKELAND FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

D, T

A.G. Bell

1924 W. Highland Street
Lakeland, FL 33801

☐ Change

☒ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

T

Clayton Sherrouse
2015 Somerville Dr. South
Lakeland, FL 33801

☒ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

T

Dean Sherman
516 Edgewood Dr.
Lakeland, FL 33801

☐ Change

☒ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

T

Lucy Mills
825 Swindell Ave.
Lakeland, FL 33801

☐ Change

☒ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

S

Louise Stephens
Star Route Box 50 Bailey Road
Kathleen, FL 33849

☐ Change

☒ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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: A.G. Bell, Trustee/Chairman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/96

941/686-6495

Date

Daytime Phone #

CR2E037 (3/96)