


FILE NOW: FILING FEE IS \$61.25

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Apr 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **717584** (7)

1. Corporation Name

**SKYLAND BAPTIST CHURCH, INC.**

Principal Place of Business

Mailing Address

**906 SAVANNAH AVENUE  
LAKELAND FL 33801**

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LAKELAND FL 33801**

3. Date Incorporated or Qualified

**11/19/1969**

4. FEI Number

**59-2359596**

Applied For

Not Applicable

2. Principal Place of Business

**21 906 Savannah Avenue**

Suite, Apt. #, etc.

**22**

City & State

**23 Lakeland, Florida**

Zip

**24 33815**

Country

**25 Polk**

2a. Mailing Address

**26 P.O. Box 1764**

Suite, Apt. #, etc.

**27**

City & State

**28 Lakeland, Florida**

Zip

**29 33802-1764**

Country

**30 Polk**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**A.G. BELL  
1924 W. HIGHLAND ST.  
LAKELAND FL 33809**

10. Name and Address of New Registered Agent

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	<b>T</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHERROUSE, CLAYTON</b>	1.2 NAME	
STREET ADDRESS	<b>2015 SOMERVILLE DR., S.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKELAND, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>Tr</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLAYTON SHERROUSE</b>	2.2 NAME	<b>Clayton Sherrouse</b>
STREET ADDRESS	<b>2015 SOMERVILLE DR. SOUTH</b>	2.3 STREET ADDRESS	<b>2015 Somerville Dr. South</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>	2.4 CITY-ST-ZIP	<b>Lakeland, Florida 33801</b>
TITLE	<b>DT</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>C/Tr</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BELL, A.G.</b>	3.2 NAME	<b>A.G. Bell</b>
STREET ADDRESS	<b>1924 W. HIGHLAND ST.</b>	3.3 STREET ADDRESS	<b>1924 W. Highland Street</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>	3.4 CITY-ST-ZIP	<b>Lakeland, Florida 33809</b>
TITLE	<b>DT</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>Tr</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEAN SHERMAN</b>	4.2 NAME	<b>Dean Sherman</b>
STREET ADDRESS	<b>516 EDGEWOOD DR.</b>	4.3 STREET ADDRESS	<b>516 Edgewood Drive</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>	4.4 CITY-ST-ZIP	<b>Lakeland, Florida 33803</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>T/Tr</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUCY MILLS</b>	5.2 NAME	<b>Lucy Mills</b>
STREET ADDRESS	<b>825 SWINDELL AVE.</b>	5.3 STREET ADDRESS	<b>825 Swindell Ave.</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>	5.4 CITY-ST-ZIP	<b>Lakeland, Florida 33815</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>S/Tr</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>Louise Stephens</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>11851 Bailey Road</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Kathleen, Florida 33849</b>

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:

*Lucy Mills* *4/13/98* *941 688-3358*

CR2E037 (10/97)