

FILE NOW: FILING FEE IS \$61.25

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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 723903 (1)

1. Corporation Name
SCOTT LAKE BAPTIST CHURCH, INC.



Principal Place of Business 5811 SCOTT LAKE ROAD LAKELAND FL 33813	Mailing Address 5811 SCOTT LAKE ROAD LAKELAND FL 33813-2896
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3. Date Incorporated or Qualified 07/19/1972	3a. Date of Last Report 04/19/1996
4. FEI Number 59-1406004	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	25. Zip
29. Country	30. Zip

9. Name and Address of Current Registered Agent

**SAVAGE, FARANCIS
1417 E PRIVATE DRIVE
LAKELAND FL 33813**

10. Name and Address of New Registered Agent

81. Name Darin L. Kress	
82. Street Address (P.O. Box Number is Not Acceptable) 814 Stratford Drive	
83. City Lakeland	
84. State FL	85. Zip Code 33813

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: *Darin L. Kress* **Darin L. Kress, Pastor**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	TR	<input type="checkbox"/> DELETE
NAME	BROCK, CAMERON	
STREET ADDRESS	2133 RAINBOWER DR	
CITY-ST-ZIP	LAKELAND FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ADDY, GEORGE	
STREET ADDRESS	824 PINNACLE DRIVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	HAZEN, JULIAN	
STREET ADDRESS	3603 DAN-UNIE LANE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	RICHARDSON, KEITH	
STREET ADDRESS	1430 CHERRY LN	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	T Henry Sherwood
2.3 STREET ADDRESS	2320 Peterson Road
2.4 CITY-ST-ZIP	Lakeland, FL 33813
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TR Gay Coleman
4.3 STREET ADDRESS	6117 Oakview Drive
4.4 CITY-ST-ZIP	Lakeland, FL 33811
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: *Henry Sherwood* **Henry Sherwood** **4/9/97** **941-686-8361**

Signature, typed or printed name of signing officer or director Date Daytime Phone # 0053179

CR2E037 (9/96)