


FILE NOW: FILING FEE IS \$61.25

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Mar 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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

3. Date Incorporated or Qualified: 07/19/1972  
4. FEI Number: 59-1406004  
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

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-30)

9. Name and Address of Current Registered Agent  
KRESS, DARIN L  
814 STRATFORD DR  
LAKELAND FL 33813

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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: *Darin L. Kress* DARIN L. KRESS DATE: 3/12/98

12. OFFICERS AND DIRECTORS

TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	<del>BROOK, CAMERON</del>	
STREET ADDRESS	<del>2133 RAINBOWER DR</del>	
CITY-ST-ZIP	<del>LAKELAND FL</del>	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SHERWOOD, HENRY	
STREET ADDRESS	2320 PETERSON RD	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	HAZEN, JULIAN	
STREET ADDRESS	3603 DAN-UNIE LANE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	COLEMAN, GAY	
STREET ADDRESS	6117 OAKVIEW DR	
CITY-ST-ZIP	LAKELAND FL 33811	
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	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BENTLEY, Jack	
1.3 STREET ADDRESS	1001 Shadow Brook Dr. N.	
1.4 CITY-ST-ZIP	Lakeland, FL 33813	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 E. [Signature]*

CR2E037 (10/97)