

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 734858 (4)
1. Corporation Name
LAKEWOOD BAPTIST CHURCH OF BRANDON, INC.



Principal Place of Business

Mailing Address

301 N LAKEWOOD DRIVE
PO BOX 1265
BRANDON FL 33509

301 N LAKEWOOD DRIVE
PO BOX 1265
BRANDON FL 33509

3. Date Incorporated or Qualified

01/28/1976

4. FEI Number

51-0198471

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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?



8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVENPORT, KATHERINE A
1728 LAKE CREST AVE
BRANDON FL 33510

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 T
NAME DAVENPORT, KATHERINE A
STREET ADDRESS 1728 LAKE CREST AVE
CITY-ST-ZIP BRANDON FL

DELETE

TITLE PD
NAME PETERSON, MAJOR
STREET ADDRESS 1016 SONIA LANE
CITY-ST-ZIP BRANDON FL

DELETE

TITLE VPO
NAME KEN YARBROUGH
STREET ADDRESS 1719 DOVE FIELD PLACE
CITY-ST-ZIP BRANDON FL

DELETE

TITLE SD
NAME HUGHES, FRANCES
STREET ADDRESS 870 TIMBERPOND DR.
CITY-ST-ZIP BRANDON FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE T/D
1.2 NAME Davenport, Katherine A
1.3 STREET ADDRESS 1728 Lake Crest Ave
1.4 CITY-ST-ZIP Brandon, FL

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE SD
3.2 NAME Barry La France
3.3 STREET ADDRESS 11306 Eagle Hill Drive
3.4 CITY-ST-ZIP Riverview FL 33669

Change Addition

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

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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: Katherine A. Davenport Treasurer 7/5/98 813 685 9563

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)

0007897