

FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 745436 (6)

1. Corporation Name

LAKE BRANTLEY CHURCH, INC.

Principal Place of Business

2270 SAND LAKE RD.
ALTAMONTE SPOS. FL 32714

Mailing Address

2270 SAND LAKE RD.
ALTAMONTE SPOS. FL 32714-70703. Date Incorporated or Qualified
12/29/19783a. Date of Last Report
04/26/1996

4. FEI Number

59-2247864

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

FRY, RALPH L JR
617 CAMDEN ROAD
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name

Marion E. Burkett

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

5449 Leon Circle

83

Orlando

84 City

FL

85 Zip Code
32810

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

Marion E. Burkett

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

Marion E. Burkett President

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/97

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME FRY, RALPH L JR
STREET ADDRESS 617 CAMDEN ROAD
CITY-ST-ZIP ALTAMONTE SPRINGS FLTITLE TD ☐ DELETE
NAME JENKINS, SHARI
STREET ADDRESS 339 LIVE OAK BLVD.
CITY-ST-ZIP SANFORD FLTITLE D ☒ DELETE
NAME HERRINGTON, JAMES
STREET ADDRESS 614 CAMDEN RD
CITY-ST-ZIP ALTAMONTE SPRINGS FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME Marion E. Burkett
1.3 STREET ADDRESS 5449 Leon Circle
1.4 CITY-ST-ZIP Orlando, FL 328102.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☒ Addition
3.2 NAME Linda, Lamb
3.3 STREET ADDRESS 1680 West Lake Brantley Road
3.4 CITY-ST-ZIP Longwood, FL 327194.1 TITLE ☐ Change ☒ Addition
4.2 NAME Gary Bowles
4.3 STREET ADDRESS 523 North Western Ave.
4.4 CITY-ST-ZIP Altamonte Springs, FL 327145.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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:

Shari Jenkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0013148

CR2E037 (9/96)