

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **745436** (6)

1. Corporation Name

LAKE BRANTLEY CHURCH, INC.

Principal Place of Business

**2270 SAND LAKE RD.
ALTAMONTE SPGS. FL 32714**

Mailing Address

**2270 SAND LAKE RD.
ALTAMONTE SPGS. FL 32714**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

12/29/1978

4. FEI Number

59-2247864

Applied For

Not Applicable

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

**BURKETT, MARION E
5449 LEON CIR
ORLANDO FL 32810**

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BURKETT, MARION E	
STREET ADDRESS	5449 LEON CIR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	JENKINS, SHARI	
STREET ADDRESS	339 LIVE OAK BLVD.	
CITY-ST-ZIP	SANFORD FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LAMB, LINDA	
STREET ADDRESS	1680 WEST LAKE BRANTLEY RD	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	BOWLES, GARY	
STREET ADDRESS	563 NORTH WESTERN AVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS 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	AD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Reid Rob	
1.3 STREET ADDRESS	1703 White cloud Ave.	
1.4 CITY-ST-ZIP	Apopka, FL 32712	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Howard, Jill	
2.3 STREET ADDRESS	656 Veneer Dr.	
2.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	
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	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Herrington, Jim	
4.3 STREET ADDRESS	4033 Greenleaf Dr.	
4.4 CITY-ST-ZIP	Orlando, FL 32810	
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)(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:

Jill Howard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/98 407-862-7821
Date Daytime Phone #

CR2E037 (10/97)