

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90132 007 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 750509

1. Corporation Name
GRACE BAPTIST CHURCH OF LAKELAND, INC.

Principal Place of Business 4626 PIPKIN ROAD LAKELAND FL 33811	Mailing Address 4626 PIPKIN ROAD LAKELAND FL 33811
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21 2. Principal Place of Business	2a. Mailing Address P.O. Box 6452	3. Date Incorporated or Qualified 01/09/1980
22 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1819075
23 City & State	27 City & State LAKELAND, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip	28 Zip 33807	6. <input type="checkbox"/> \$5.00 May Be Added to Fees
25 Country	29 Country POLK	

9. Name and Address of Current Registered Agent BERRY, JAMES B 4626 PIPKIN ROAD LAKELAND FL	10. Name and Address of New Registered Agent 81 Name Dr. Raymond B. Miller Jr. 82 Street Address (P.O. Box Number is Not Acceptable) 4626 Pipkin Road 83 84 City LAKELAND FL 85 Zip Code 33811
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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: *Dr. Raymond B. Miller Jr.* DATE: **March-26-1999**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BERRY, JAMES B		1.2 NAME DR. RAYMOND B. MILLER JR	
STREET ADDRESS 4610 PIPKIN ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP LAKELAND FL		1.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BLEVINS, KENNETH		2.2 NAME	
STREET ADDRESS P O BOX 91753 N/A		2.3 STREET ADDRESS	
CITY-ST-ZIP LAKELAND FL		2.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COX, VIRGIL		3.2 NAME	
STREET ADDRESS 3509 DUFF RD		3.3 STREET ADDRESS	
CITY-ST-ZIP LKLD FL		3.4 CITY-ST-ZIP	
TITLE STD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DOWDY, CHRIS SR.		4.2 NAME Ledley D. McNABIS	
STREET ADDRESS 4955 WILD FLOWER		4.3 STREET ADDRESS 3902 W. Sam Allen Rd.	
CITY-ST-ZIP LAKELAND FL		4.4 CITY-ST-ZIP Plant City, FL - 33565	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *X Kenneth Blevins* **REQUIREMENT** DATE: **2-11-99** (94) 687-4237
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #
KENNETH BLEVINS

CR2E037 (1/198)