## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

753138

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Suite, Apt. #, etc.    Suite, Apt. #, etc.		· ·						
### Applied For Not Applied Fo		CHURCH OF LAKELAN	D, FLO		A 1880AN MENER BURBA KANAN MENER BURBA BANAN DARI BURBA BANAN BURBA			
LAKELAND FL 33801  LAKELAND FL 3	Principal Place of Business Mailing Address					MINIS DIRST DIRILI TONI		
2. Principal Place of Business 2. Mailing Address 3. Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required Suite, Apt. #, etc. 5. Election Campaign Financing \$5.00 May Be Added to Fees City & State City & State City & State 7. Is this nonprofit corporation a homeowners association? 28 Zip Country 29 Zip Country 3. 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 10. Name and Address of New Registered Agent  81 Name ROBERTSON, BARBARA 730 & FLORIDA AVE LAKELAND FL 33801  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as 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, 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, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE			NUE		•	, and the second		
2. Principal Place of Business 2. Mailing Address 2. Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Zip  Country  Suite Address of Current Registered Agent  ROBERTSON, BARBARA 730 & FLORIDA AVE LAKELAND FL 33801  2. Principal Place of Business  2. Additional Fee Required  Suite, Apt. #, etc.  Suite, Apt. #,					4. FEI Number			
Suite, Apt. #, etc.    Suite, Apt. #, etc.	E				5. Certificate of Status Desired S	75 Additional		
Zip Country Zip Country 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  10. Name and Address of New Registered Agent  ROBERTSON, BARBARA 730 \$ FLORIDA AVE LAKELAND FL 33801  82 Street Address (P.O. Box Number is Not Acceptable)  83 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 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, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE	Suite, Apt. #, etc. Sulte, Apt. #, etc.				Election Campaign Financing \$5	.00 May Be		
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	SIGNATURE				ent signature required when reinstaling)  DATE			

SIGNATURE	· -					
OIGHAI OILE	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE:	Registered Agent signature requi	ired when reinstating) DATE		
12.	OFFICERS AND DI	RECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	☐ DELETE	1.1 TITLE	☐ Ch	ange Addition	
NAME	ROBERTSON, BARBARA		1.2 NAME			
STREET ADDRESS	817 LAKESIDE AVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL		1.4 CITY-ST-ZIP			
TITLE	VPT	DELETE	2.1 TITLE	□ Cr	ange 🔲 Addition	
NAME	HAUN, ROBERT		2.2 NAME			
STREET ADDRESS	8119 SHADYWOOD CT		2.3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL		2. 4 CITY-ST-ZIP			
TITLE	ST	☐ DELETE	3.1 TITLE	Ch	ange 🔲 Addition	
NAME	HUNT, MIRIAM		3.2 NAME			
STREET ADDRESS	34 TERRACE GARDENS		3.3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL		3.4. CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE	π	DELETE	4.1 TITLE	□ Ch	ange Addition	
NAME	VOUSDEN, EDWIN		4.2 NAME			
STREET ADDRESS	2821 VOUSDEN LANE		4.3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL		4.4 CITY-ST-ZIP			
TITLE	F\$	DELETE	5.1 TITLE	□ Cr	ange 🔲 Addition	
NAME	BERRY, HELEN		5.2 NAME			
STREET ADDRESS	811 LAKESIDE AVE		5.3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL		5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE	Ch	ange 🔲 Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
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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:

Bushaw Krewton El

april 6 1998

**FILED** 

Apr 16 1998 8:00am

Secretary of State

**22E037 (10/97)**