2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Jun 04, 2004 8:00 am **Secretary of State DOCUMENT # 769378** 1. Entity Name 06-04-2004 90002 041 ****61.25 THE GRACE BRETHREN CHURCH OF LAKELAND, INC. Principal Place of Business Mailing Address 6410 LUNN ROAD (33811) 6410 LUNN ROAD (33811) 54056660 LAKELAND FL 33811 LAKELAND FL 33811 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) MOORE City & State City & State 4. FEI Number Applied For **NO-T APPLICABLE** Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GERBER, FREDERICK P.O. Box Number is Not Acceptable) 4029 WÉLLINGTON DR. LAKELAND FL 33811 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. HARNS, JEFFREY DEAN Change 3906 F. COLNTRY BENE Delete TITLE TITLE GERBER, FREDERICK NAME NAME 4029 WELLINGTON DR. STREET ADDRESS STREET ADDRESS LAKELHON, FI 33811 LAKELAND FL CITY-ST-ZIP CITY-ST-ZIP KULNS CHARLIE Delete Addition TITLE TITLE ☐ Change MENDOZA; ISMALL NAME NAME 1220 ÉASY STREET LAKELAND, FI 33811 3839 COUNTRY BEND EAST STREET ADDRESS STREET ADDRESS LAKELAND FL 33811 CITY-ST-ZIP CITY-ST-ZIE Delete TITLE TITLE ☐ Change ☐ Addition LANE-LINDA-NAME NAME 10204 LANE ACRES DRIVE STREET ADDRESS STREET ADDRESS LITHIA FL 33547 CITY-ST-ZIP CITY-ST-7fF TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. 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 report or supplemental 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 10 or Block 11 if

FILED

2/1/04 8636479302 Date Daytime Phone # JEFFREY DEAN SIGNATURE: