


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90060 039 ****61.25

DOCUMENT # 769378
 1. Entity Name
THE GRACE BROTHERN CHURCH OF LAKE LAND, INC.



Principal Place of Business Mailing Address
6410 LUNN ROAD (33811) **6410 LUNN ROAD (33811)**
LAKELAND FL 33811 **LAKELAND FL 33811**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number Applied For
NO-T APPLICABLE Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KARNS, JEFFREY DEAN
3906 E COUNTRY BEND
LAKELAND FL 33811

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	KARNS, JEFFREY DEAN	
STREET ADDRESS	3906 E. COUNTRY BEND	
CITY-ST-ZIP	LAKELAND FL 33881	
TITLE	D	<input type="checkbox"/> Delete
NAME	KUHNS, CHARLIE	
STREET ADDRESS	1220 EASY STREET	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE	D	<input type="checkbox"/> Delete
NAME	Putnell Charlie	
STREET ADDRESS	11050 Red Bird Dr.	
CITY-ST-ZIP	Dade City FL 33525	
TITLE	D	<input type="checkbox"/> Delete
NAME	Robert Schumacher	
STREET ADDRESS	199 Golf View Dr	
CITY-ST-ZIP	Auburndale FL 33823	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2-14-05 863 647-5770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #