

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90013 018 ****61.25

DOCUMENT # 769378

1. Entity Name

THE GRACE BRETHREN CHURCH OF LAKELAND, INC.



Principal Place of Business

6410 LUNN ROAD (33811)
LAKELAND FL 33811

Mailing Address

6410 LUNN ROAD (33811)
LAKELAND FL 33811

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KARNS, JEFFREY DEAN
3906 E COUNTRY BEND
LAKELAND FL 33811

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE **TD** ☒ Delete
NAME KARNS, JEFFREY DEAN
STREET ADDRESS 3906 E. COUNTRY BEND
CITY-ST-ZIP LAKELAND FL 33881

TITLE **D** ☐ Delete
NAME KUHNS, CHARLIE
STREET ADDRESS 1220 EASY STREET
CITY-ST-ZIP LAKELAND FL 33811

TITLE **D** ☒ Delete
NAME PUTNELL, CHARLIE
STREET ADDRESS 11050 RED BIND DR
CITY-ST-ZIP DADE CITY FL 33525

TITLE **D** ☐ Delete
NAME SCHUMACHER, ROBER
STREET ADDRESS 197 GOLF VIEW DR
CITY-ST-ZIP AUBURNDAL FL 33823

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Chairman / Director** ☒ Change ☐ Addition
NAME KARNS, JEFFREY DEAN
STREET ADDRESS 3906 E. COUNTRY BEND
CITY-ST-ZIP LAKELAND, FL 33881 **CD**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TREASURER** ☒ Change ☐ Addition
NAME DEBORAH FREEZE
STREET ADDRESS 5904 Timberwood DR.
CITY-ST-ZIP LAKELAND, FL 33811 **T**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

[Signature]

3-6-06 863 644-5440