


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 15, 2008 8:00 am**  
**Secretary of State**

07-15-2008 90061 012 \*\*\*\*61.25

**DOCUMENT # 769378**  
 1. Entity Name  
**THE GRACE BRETHERN 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**

**DO NOT WRITE IN THIS SPACE**

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07112008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**KARNS, JEFFREY DEAN**  
**3906 E COUNTRY BEND**  
**LAKELAND, FL 33811**

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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)

**Filing Fee is \$61.25**  
**Due by September 12, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KARNS, JEFFREY DEAN 3906 E. COUNTRY BEND LAKELAND, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, BILL 4844 LEISUREWOOD LANE LAKELAND, FL 33811 <i>REMOVE gr</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FREEZE, DEBORAH 5904 TIMBERWOOD DR LAKELAND, FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHUMACHER, ROBER 197 GOLF VIEW DR AUBURNDALE, FL 33823 <i>REMOVE gr</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** *Jeffrey Dean Karns* **JEFFREY DEAN KARNS** **7/12** **863 647 5770**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #