


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90215 024 ****61.25

DOCUMENT # N00000001244 1. Entity Name LAND O'LAKES BIBLE CHAPEL, INC.	
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Principal Place of Business 3116 GULFWIND DR. LANDOLAKES, FL 34639	Mailing Address 3116 GULFWIND DR. LANDOLAKES, FL 34639
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**3116 GULFWIND DR.
LAND O LAKES, FL 34639**

50019612



01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DUNLAP, DAVID 3116 GULFWIND DR. LAND O'LAKES, FL 34639

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUNLAP, DAVID 3116 GULFWIND DR. LAND O'LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BISHOP, ERVIN 22843 HALE RD. LAND O'LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHAMBERS, JOY 22602 MAGNOLIA TRACE 19737 Prince Benjamin LUTZ, FL 33540 Lutz, FL 33549 DR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GENTILE, DAVID 3314 NUNDY RD. TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: David Dunlap DAVID DUNLAP **2-16-05** **813-996-1053**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #