2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 08:00 A
Secretary of State

DOCUMENT # N01000005924

1. Entity Name
EDGEWOOD CHURCH OF CHRIST IN LAKELAND, FLORIDA, INC.

Principal Place of Business	Mailing Address
1815 EAST EDGEWOOD DR LAKELAND, FL 33803	1815 EAST EDGEWOOD DR LAKELAND, FL 33803

03192006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-3742637
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, WILLIAM D
1815 EAST EDGEWOOD DR
LAKELAND, FL 33803

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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 May 1, 2006

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

U00000477727
060706-80062-021 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ANTHONY, G. PARKER
STREET ADDRESS	8213 N CAMPBELL RD
CITY-ST-ZIP	LAKELAND, FL 33810
TITLE	D
NAME	BROWN, RICHARD H
STREET ADDRESS	225 HILLSIDE DR
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	D
NAME	BROWN, WILLIAM D
STREET ADDRESS	5556 HIGHLANDS VISTA CIR
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	D
NAME	GILCHREST, RALPH III
STREET ADDRESS	1910 CLUBHOUSE RD
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	D
NAME	KALEY, ROBERT
STREET ADDRESS	1920 E EDGEWOOD DR, # H-1
CITY-ST-ZIP	LAKELAND, FL 33803
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #