


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90007 007 \*\*\*\*61.25

<b>DOCUMENT # N01000008520</b>		
1. Entity Name <b>NORTHLAKE COMMUNITY CHURCH AT LAKE NONA, INCORPORATED</b>		
Principal Place of Business <b>9313 NORTHLAKE PKWY ORLANDO FL 32827</b>		Mailing Address <b>10419 Tyson Rd.. Orlando, Fl. 32832-6136</b>
2. Principal Place of Business <b>9313 Northlake Pkwy. Orl., Fl.</b>		3. Mailing Address <b>10419 Tyson Rd., Orl., Fl. 32832</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State <b>Orlando, Fl. 32827</b>		City & State <b>Orlando, Fl.</b>
Zip <b>32827</b>	Country <b>USA</b>	City & State <b>Orlando, Fl. 32832-6136</b>
		Country <b>USA</b>

**54017344**



MOORE CR2E037 (11/03)

4. FEI Number <b>59-3752635</b>		Applied For <input type="checkbox"/> 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 <b>CARPENTER, V.H. 10419 TYSON RD. ORLANDO FL 32832-6136</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 *V.H. Carpenter* **V. H. Carpenter, V.P. Dir.** **3-3-04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
--	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCLEOD, ROBERT B 5410 LAZY OAKS LN ORLANDO FL 32839 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. D. Steve Raper 368 Majestic Island Circle St. Cloud, Fl. 34771 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEE, JAMES 9313 NORTHLAKE PKWY ORLANDO FL 32827 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. D. V.H. Carpenter 10419 Tyson Rd. Orlando, Fl. 32832-6136 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BELL, DAVID 4329 STEED TERR WINTER PARK FL 32792 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. D. Pauline Blevins 13124 Fernway Rd. Orlando, Fl. 32832 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. D. Linda Morton 12727 Broleman Rd.. Orlando, Fl. 32832 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Steve Raper* **Steve Raper** **2-29-04** **407-658-1981**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #