

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000004362**

1. Entity Name  
**LIVING FAITH COMMUNITY CHURCH OF LAKE LAND,  
INC.**



Principal Place of Business  
**1041 N. DAVIS AV.  
LAKE LAND, FL 33803**

Mailing Address  
**130 YOUNG PLACE  
LAKE LAND, FL 33803**



02202006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**68-0515685**

Applied For  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**ROBINSON, BRUCE E  
130 YOUNG PLACE  
LAKE LAND, FL 33803**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**000000445748  
03/07/06-80061-015 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	ROBINSON, BRUCE E
STREET ADDRESS	130 YOUNG PLACE
CITY-ST-ZIP	LAKE LAND, FL 33803
TITLE	D
NAME	ROBINSON, ANNA M
STREET ADDRESS	130 YOUNG PLACE
CITY-ST-ZIP	LAKE LAND, FL 33803
TITLE	T
NAME	DIXON, TARO
STREET ADDRESS	3845 PIONEER TRAIL DR
CITY-ST-ZIP	LAKE LAND, FL 33810
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 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:** *Bruce E Robinson* **BRUCE E. ROBINSON** **02-21-06** **(863) 640-1654**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #