

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

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90015 044 ****61.25

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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
**430 YOUNG PLACE
LAKE LAND, FL 33803**

**6115 ROBBINS ROAD
LAKE LAND, FL 33810**

DO NOT WRITE IN THIS SPACE



02202006 No Chg-NP CR2E037 (11/05)

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 6115 ROBBINS ROAD
LAKE LAND, FL 33803
33810**

**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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROBINSON, BRUCE E
130 YOUNG PLACE 6115 ROBBINS ROAD
LAKE LAND, FL 33803 33810**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROBINSON, ANNA M
130 YOUNG PLACE 6115 ROBBINS ROAD
LAKE LAND, FL 33803 33810**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
DIXON, TARO
3845 PIONEER TRAIL DR
LAKE LAND, FL 33810**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Anna Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-21-07
Date

Daytime Phone #