


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

**FILED**  
**Apr 04, 2008 08:00 A**  
**Secretary of State**

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| <b>DOCUMENT # N02000004362</b><br>1. Entity Name<br><b>LIVING FAITH COMMUNITY CHURCH OF LAKE LAND,<br/>INC.</b> |  |
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| Principal Place of Business<br><b>1041 N. DAVIS AV.<br/>LAKE LAND, FL 33803</b> | Mailing Address<br><b>6115 ROBBINS<br/>LAKE LAND, FL 33810</b> |
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02042008 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number<br><b>68-0515685</b> | Applied For<br><input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |
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| 6. Name and Address of Current Registered Agent<br><br><b>ROBINSON, BRUCE E<br/>6115 ROBBINS ROAD<br/>LAKE LAND, FL 33810</b> |
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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.<br><br>SIGNATURE: <u><i>Bruce E Robinson</i></u> <b>03-28-08</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> |
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| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b> |
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| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be<br>Added to Fees |
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| <b>000000881758<br/>04/16/08 00013 010 61.25</b> |
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| 10. OFFICERS AND DIRECTORS                     |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ROBINSON, BRUCE E<br>6115 ROBBINS ROAD<br>LAKE LAND, FL 33810 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ROBINSON, ANNA M<br>6115 ROBBINS ROAD<br>LAKE LAND, FL 33810  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>DIXON, TARA<br>3845 PIONEER TRAIL DR<br>LAKE LAND, FL 33810   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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. |
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| <b>SIGNATURE:</b> <u><i>Bruce E Robinson</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <b>03-28-08 (863) 640-1654</b><br><small>Date Daytime Phone #</small> |
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