06-2049

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000004362

1. Entity Name
LIVING FAITH COMMUNITY CHURCH OF LAKELAND

DIVISION OF ...

10 JUL -8 PM 2:36

000183057970
07/08/10--01034--013 **61.25

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1041 N. DAVIS AV	6115 ROBBINS ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKELAND FLORIDA	City & State: LAKELAND FLORIDA
Zip: 33810 Country:	Zip: 33810 Country:

4. FEI Number: 68-0515685 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: BRUCE E. ROBINSON

Street Address (P.O. Box Number is Not Acceptable): 6115 ROBBINS ROAD

City: LAKELAND FL Zip Code: 33810

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: Bruce E Robinson 06-20-10
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	TITLE	
NAME	BRUCE E. ROBINSON	NAME	
STREET ADDRESS	6115 ROBBINS ROAD	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL. 33810	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	TARA DIXON	NAME	
STREET ADDRESS	3845 PIONEER TRAIL DR	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL. 33810	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	JUSTIN DIXON	NAME	
STREET ADDRESS	3845 PIONEER TRAIL DR	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL. 33810	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	7/9/10	CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Bruce E Robinson BRUCE E. ROBINSON 06-20-10 (863) 640-1654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037B (12/02)