FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 4:06

DOCUMENT # N02526 (4)

1. Corporation Name

THE LAKEWOOD SOUTH CHRISTIAN ASSOCIATION, INC.

Principal Place of Business	Mailing Address
%LESLIE HUSSEY 7700 S. R. 532 DAVENPORT FL 33837	%LESLIE HUSSEY 7700 S. R. 532 DAVENPORT FL 33837

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/12/1984
3a. Date of Last Report: 04/05/1994
4. FEI Number: 59-2393906 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HUSSEY, LESLIE
7700 S. R. 532
DAVENPORT FL 33837

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Leslie Hussey Leslie Hussey March 29, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	11 TITLE	☐ Change ☐ Addition
NAME	MARY STIELOW	12 NAME	
STREET ADDRESS	7700 S.R. 532	13 STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	ARLENE KOOIKER	22 NAME	
STREET ADDRESS	7700 S. R. 532	23 STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HUSSEY, LESLIE	32 NAME	
STREET ADDRESS	7700 S. R. 532	33 STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	GRANT, EDWARD	42 NAME	
STREET ADDRESS	7700 S R 532	43 STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Leslie Hussey Leslie Hussey Registered Agent 3/29/95 813-424-2921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000714