


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 8:00 am
Secretary of State

01-28-2004 90006 005 ****61.25

DOCUMENT # N02526 1. Entity Name THE LAKEWOOD SOUTH CHRISTIAN ASSOCIATION, INC.					
Principal Place of Business 7700 OSCEOLA - POLK LINE ROAD DAVENPORT FL 33896				Mailing Address 7800 OSCEOLA POLK LINE RD. LOT #141 DAVENPORT FL 33896	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 7800 OSC POLK LN RD Suite, Apt. #, etc. LOT 141			
City & State 		City & State DAVENPORT FL		4. FEI Number 59-2393906	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CROSBY, HOWARD A SR. 7800 OSCEOLA POLK LINE RD. LOT 141 DAVENPORT FL 33896		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>			
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 <u>HOWARD A. CROSBY, Sr (TREAS)</u> <u>Howard A. Crosby, Sr.</u> <u>Jan 20, 2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOLKENROTH, LARRY 7700 OSCEOLA POLK LINE RD., LOT S-2 DAVENPORT FL 33896	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOLKENROTH		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIDSON, LILA 7800 OSCEOLA-POLK LN RD LOT 159 DAVENPORT FL 33896	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIDSON		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROSBY, WALTER 7700 OSCEOLA POLK LINE RD LOT C-9 DAVENPORT FL 33837	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAROL BAXTER 7800 OSCEOLA POLK LN RD LOT 167 DAVENPORT, FL 33896		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RULANDER, LOVENA 7700 OSCEOLA - POLK LN RD B-9 DAVENPORT FL 33896	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JIM REESE 7700 OSCEOLA POLK LN RD C-13 DAVENPORT, FL 33896		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REMMEL, GAYLORD 7800 OSCEOLA-POLK LN RD LOT 38 DAVENPORT FL 33896	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLORIA PHILLIPS 7800 OSCEOLA POLK LN RD LOT 35 DAVENPORT FL 33896		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, GINNY 7800 OSCEOLA-POLK LN RD DAVENPORT FL 33896	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>HOWARD A. CROSBY, Sr</u> <u>Howard A. Crosby, Sr.</u> <u>1-20-04</u> <u>863-424-4712</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					