

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90048 039 ****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

50016462



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

7700 OSCEOLA-POLK LN. Rd.

City & State

City & State

DAVENPORT

4. FEI Number

59-2393906

Applied For

Not Applicable

Zip

Country

Zip

33896

Country

POLK

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CROSBY, HOWARD A SR.
7800 OSCEOLA POLK LINE RD.
LOT 141
DAVENPORT FL 33896

Name Paul D. Murphy

Street Address (P.O. Box Number is Not Acceptable)

7700 OSCEOLA-POLK LINE Rd. LOT K-15

City

DAVENPORT

FL

Zip Code

33896

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

PAUL D. MURPHY (TREAS.) Paul D. Murphy

2-10-05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	<input checked="" type="checkbox"/> Delete
NAME	FOLKENROTH, LARRY	
STREET ADDRESS	7700 OSCEOLA POLK LINE RD., LOT S-2	
CITY-ST-ZIP	DAVENPORT FL 33896	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DAVIDSON, LILA	
STREET ADDRESS	7800 OSCEOLA-POLK LN RD LOT 159	
CITY-ST-ZIP	DAVENPORT FL 33896	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAXTER, CAROL	
STREET ADDRESS	7800 OSCEOLA POLK LN RD. #167	
CITY-ST-ZIP	DAVENPORT FL 33896	
TITLE	D	<input type="checkbox"/> Delete
NAME	REESE, JIM	
STREET ADDRESS	7700 OSCEOLA POLK LN RD C-13	
CITY-ST-ZIP	DAVENPORT FL 33896	
TITLE	D	<input type="checkbox"/> Delete
NAME	PHILLIPS, GLORIA	
STREET ADDRESS	7800 OSCEOLA POLK LN. RD #35	
CITY-ST-ZIP	DAVENPORT FL 33896	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, GINNY	
STREET ADDRESS	7800 OSCEOLA-POLK LN RD	
CITY-ST-ZIP	DAVENPORT FL 33896	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRY FOLKENROTH	
STREET ADDRESS	7700 OSCEOLA-POLK LN. RD. LOT S2	
CITY-ST-ZIP	DAVENPORT, FL. 33896	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATIE PATTERSON	
STREET ADDRESS	7800 OSCEOLA-POLK LN. RD. LOT 172	
CITY-ST-ZIP	DAVENPORT, FL. 33896	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUTH DEBRI	
STREET ADDRESS	7700 OSCEOLA-POLK LN. RD. LOT A-12	
CITY-ST-ZIP	DAVENPORT, FL. 33896	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIM REESE	
STREET ADDRESS	7700 OSCEOLA-POLK LN. RD. LOT C-13	
CITY-ST-ZIP	DAVENPORT, FL. 33896	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: PAUL D. MURPHY (TREAS.) Paul D. Murphy 2-10-05 863 420-8300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #