## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03279

FILED Apr 11, 2007 Secretary of State

Entity Name: ST. DAVID'S EPISCOPAL CHURCH OF LAKELAND, INC.

**Current Principal Place of Business: New Principal Place of Business:** 145 EAST EDGEWOOD DR. LAKELAND, FL 338034014 **Current Mailing Address: New Mailing Address:** 145 EAST EDGEWOOD DR. LAKELAND, FL 338034014 FEI Number: 59-0899017 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMITH, ROBERT K REV 145 EAST EDGEWOOD DR LAKELAND, FL 338034014 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition TUCKER, JESS MR. Name: Name: 145 EAST EDGEWOOD DRIVE Address: Address: City-St-Zip: LAKELAND, FL 338034014 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition METTS, LINDA MRS. Name: ADAMS, ALBERT MR, Name: Address: 145 EAST EDGEWOOD DRIVE Address: 145 EAST EDGEWOOD DRIVE City-St-Zip: LAKELAND, FL 338034014 City-St-Zip: LAKELAND, FL 338034014 Title: () Delete Title: (X) Change ( ) Addition FORTIN, MEREDITH MS. BILLI, OTT MRS. Name: Name: 145 EAST EDGEWOOD DRIVE 145 EAST EDGEWOOD DRIVE Address: Address: City-St-Zip: LAKELAND, FL 338034014 City-St-Zip: LAKELAND, FL 338034014 Title: ( ) Delete Title: (X) Change ( ) Addition Name: BROWN, MICHAEL MR. Name: NUNEZ, VARRICK MR. 145 EDGEWOOD DRIVE 145 EDGEWOOD DRIVE Address: Address: City-St-Zip: LAKELAND, FL 338034014 City-St-Zip: LAKELAND, FL 338034014 Title: () Delete Title: () Change () Addition SMITH, ROBERT REV. Name: Name: 145 EAST EDGEWOOD DR Address: Address: City-St-Zip: LAKELAND, FL 338034014 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT K. SMITH REV. 04/11/2007