# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 01, 2009**
**Secretary of State**

DOCUMENT# N03279

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

**Current Principal Place of Business:**

145 EAST EDGEWOOD DR.
LAKELAND, FL 338034014

**New Principal Place of Business:**

**Current Mailing Address:**

145 EAST EDGEWOOD DR.
LAKELAND, FL 338034014

**New Mailing Address:**

**FEI Number: 59-0899017** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, ROBERT K REV.
145 EAST EDGEWOOD DR
LAKELAND, FL 338034014 US

**Name and Address of New Registered Agent:**

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:**

Title: T ( ) Delete
Name: TUCKER, JESS MR.
Address: 145 EAST EDGEWOOD DRIVE
City-St-Zip: LAKELAND, FL 338034014

Title: D ( ) Delete
Name: ADAMS, ALBERT MR,
Address: 145 EAST EDGEWOOD DRIVE
City-St-Zip: LAKELAND, FL 338034014

Title: D ( ) Delete
Name: BILLI, OTT MRS.
Address: 145 EAST EDGEWOOD DRIVE
City-St-Zip: LAKELAND, FL 338034014

Title: D ( ) Delete
Name: PHILLIPS, CARROLL MR.
Address: 145 EDGEWOOD DRIVE
City-St-Zip: LAKELAND, FL 338034014

Title: C ( ) Delete
Name: SMITH, ROBERT REV.
Address: 145 EAST EDGEWOOD DR
City-St-Zip: LAKELAND, FL 338034014

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: CURTIS, ROMEY MR.
Address: 145 EAST EDGEWOOD DRIVE
City-St-Zip: LAKELAND, FL 338034014

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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. 04/01/2009

Electronic Signature of Signing Officer or Director — Date