

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N09296 (7)

1. Corporation Name

THE FIRST CHRISTIAN CHURCH (DISCIPLES OF CHRIST)  
OF LAKELAND, FLORIDA, INC.

Principal Place of Business

Mailing Address

541 S FLORIDA AVE.  
LAKELAND FL 33806-9283

541 S FLORIDA AVE.  
LAKELAND FL 33806-9283



3. Date Incorporated or Qualified  
05/14/1985

3a. Date of Last Report  
02/02/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
59-1288319

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NETH, CARL N.  
1420 S LINCOLN AVE  
LAKELAND FL 33803

81 Name THOMAS F. BISHOP  
82 Street Address (P.O. Box Number is Not Acceptable)  
3158 Valley High DR.  
83  
84 City LAKELAND FL 85 Zip Code 33846

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

THOMAS F. BISHOP, TREASURER

THOMAS F. BISHOP 1/18/96

Signature typed or printed name of registered agent and state if applicable

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C ☐ DELETE  
NAME BOOTH, ELIZABETH  
STREET ADDRESS 810 W BEACON RD  
CITY-ST-ZIP LAKELAND FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME BARKER, JOHN  
STREET ADDRESS 2440 JONILA AVE  
CITY-ST-ZIP LAKELAND FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE T ☐ DELETE  
NAME BISHOP, THOMAS F  
STREET ADDRESS BOX 1204 3158 VALLEY HIGH DRIVE  
CITY-ST-ZIP HIGHLAND CITY FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME SKIPPER, ELTON  
STREET ADDRESS 2317 DERBYSHIRE AVE.  
CITY-ST-ZIP LAKELAND FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME WEAVER, GENE  
STREET ADDRESS 920 BONNIE DR  
CITY-ST-ZIP LAKELAND FL

5.1 TITLE DIRECTOR ☐ Change ☒ Addition  
5.2 NAME GOODE, JACK M.  
5.3 STREET ADDRESS 124 CRESCENT DR.  
5.4 CITY-ST-ZIP LAKELAND, FL. 33805

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)