

FILE NOW: FILING FEE IS \$51.25

FILED  
Mar 10 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N09296** (7)  
1. Corporation Name  
**THE FIRST CHRISTIAN CHURCH (DISCIPLES OF CHRIST)  
OF LAKE LAND, FLORIDA, INC.**

Principal Place of Business <b>541 S FLORIDA AVE. LAKE LAND FL 33806-9283</b>	Mailing Address <b>541 S FLORIDA AVE. LAKE LAND FL 33806-9283</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified <b>05/14/1985</b>	Applied For Not Applicable
4. FEI Number <b>59-1288319</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BARKER, JOHN 2440 JONILA AVE. LAKE LAND FL 33803</b>	10. Name and Address of New Registered Agent 81 Name <b>WILLIAMS, GRANVILLE</b> 82 Street Address (P.O. Box Number is Not Acceptable) 83 <b>6315 BRAHMAN DR.</b> 84 City <b>LAKE LAND</b> FL 85 Zip Code <b>33809</b>
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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 **\* GRANVILLE WILLIAMS** DATE **8-3-98**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	CP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEAVER, JANE</b>	1.2 NAME	<b>WILLIAMS, GRANVILLE</b>
STREET ADDRESS	<b>922 BONNIE DRIVE</b>	1.3 STREET ADDRESS	<b>6315 BRAHMAN DR.</b>
CITY-ST-ZIP	<b>LAKE LAND FL</b>	1.4 CITY-ST-ZIP	<b>LAKE LAND, FL 33809</b>
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARKER, JOHN</b>	2.2 NAME	<b>SNYDER, RICHARD</b>
STREET ADDRESS	<b>2440 JONILA AVE</b>	2.3 STREET ADDRESS	<b>3146 SANDTRAP COURT</b>
CITY-ST-ZIP	<b>LAKE LAND FL</b>	2.4 CITY-ST-ZIP	<b>LAKE LAND, FL 33810</b>
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NETH, CARL N.</b>	3.2 NAME	<b>HOLTON, IRIS</b>
STREET ADDRESS	<b>1420 S. LINCOLN AVE.</b>	3.3 STREET ADDRESS	<b>1925 MYRTLE RD.</b>
CITY-ST-ZIP	<b>LAKE LAND FL</b>	3.4 CITY-ST-ZIP	<b>LAKE LAND, FL 33810</b>
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SKIPPER, ELTON</b>	4.2 NAME	<b>TAYLOR, ELOISE</b>
STREET ADDRESS	<b>2317 DERBYSHIRE AVE.</b>	4.3 STREET ADDRESS	<b>606 EL CAMBA</b>
CITY-ST-ZIP	<b>LAKE LAND FL</b>	4.4 CITY-ST-ZIP	<b>LAKE LAND, FL 33815</b>
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	<b>GOODE, JACK M.</b>	5.2 NAME	
STREET ADDRESS	<b>124 CRESCENT DR.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE LAND FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME	<b>8-3-98</b>	6.2 NAME	
STREET ADDRESS	<b>Granville Williams</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: **\* GRANVILLE WILLIAMS** DATE **8-3-98**

CR2E037 (10/97)