

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 11, 2006
Secretary of State

DOCUMENT# N09296

Entity Name: THE FIRST CHRISTIAN CHURCH (DISCIPLES OF CHRIST) OF LAKE LAND, FLORIDA, INC.**Current Principal Place of Business:**541 S FLORIDA AVE.
LAKE LAND, FL 33801**New Principal Place of Business:****Current Mailing Address:**541 S FLORIDA AVE.
LAKE LAND, FL 33801**New Mailing Address:****FEI Number:** 59-1288319**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CRAWFORD, LOUISE M
541 S FLORIDA AVE
LAKE LAND, FL 33801 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: GOODE, JACK
Address: 124 CRESCENT DR.
City-St-Zip: LAKE LAND, FL 33805**Title:** T () Delete
Name: MARSHALL, RUTH
Address: 622 JAMAICA CIRCLE
City-St-Zip: LAKE LAND, FL 33803**Title:** T () Delete
Name: MAROTTI, DOMINICK
Address: 1405 FERN RD E
City-St-Zip: LAKE LAND, FL 33801**Title:** T (X) Delete
Name: PELHAM, KATRINA TRUSTEE
Address: 747 LAKE JESSIE LOT C
City-St-Zip: WINTER HAVEN, FL 33881**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**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 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: WADE FAHNESTOCK

REP

07/11/2006

Electronic Signature of Signing Officer or Director

Date