

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N09296

1. Entity Name

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



Principal Place of Business

541 S FLORIDA AVE.  
LAKE LAND, FL 33801

Mailing Address

541 S FLORIDA AVE.  
LAKE LAND, FL 33801

**FILED**  
**Jul 18, 2008 08:00 AM**  
**Secretary of State**



07112008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-1288319

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

CRAWFORD, LOUISE M  
541 S FLORIDA AVE  
LAKE LAND, FL 33801

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Louise M. Crawford*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000955589  
07/18/08-80003-026 61.25

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
GOODE, JACK  
124 CRESCENT DR.  
LAKE LAND, FL 33805

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MARSHALL, RUTH  
622 JAMAICA CIRCLE  
LAKE LAND, FL 33803

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MAROTTI, DOMINICK  
1405 FERN RD E  
LAKE LAND, FL 33801

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Louise M. Crawford*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/08  
Date

863-683-4269  
Daytime Phone #