

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90036 044 ****70.00

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DOCUMENT # N11596 1. Entity Name CHRIST THE KING EPISCOPAL CHURCH OF LAKE LAND, INC.					
Principal Place of Business 6400 N. SOCRUM LOOP RD LAKE LAND, FL 33809-4141			Mailing Address 6400 N. SOCRUM LOOP RD LAKE LAND, FL 33809-4141		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2987716	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOMER, JR., RICHARD H REV. 1608 YEOMANS PATH LAKE LAND, FL 33809				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROGERSON, LAWRENCE W 2119 WEST DAUGHTERY ROAD LAKE LAND, FL 338103203 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1620 Geranium Loop Lakeland, FL 33803-1649	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMER JR, RICHARD H REV. 1608 YEOMANTS PATH LAKE LAND, FL 33809 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROYAL, JAMES B 7105 CATHERINE DR. LAKE LAND, FL 33810 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Dinnerville, Robert 9528 Troon Lane Lakeland, FL 33810-2350	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELLS, CHARLES 7227 MORNING DOVE LOOP EAST LAKE LAND, FL 33809 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Riley, Jane 4424 Glenview DR. Lakeland, FL 33810-1266	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOTTER, KATHERINE 1552 LEHALL SQUARE SOUTH LAKE LAND, FL 33810 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Springthorpe, Robert 8211 Timberidge Court Lakeland, FL 33809-2352	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Lawrence W. Rogerson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			March 1, 2007 (863) 858-1948 <small>Date Daytime Phone #</small>		