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03-09-1999 90074 042 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N26539

1. Corporation Name

TENTH STREET CHURCH OF GOD OF LAKELAND, INC.

Principal Place of Business

801 WEST TENTH STREET
LAKELAND FL 33805-3601

Mailing Address

801 WEST TENTH STREET
LAKELAND FL 33805-3601



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

05/23/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-2907750

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWEAT, WILLIAM A JR.
2018 SOUTH FLORIDA AVENUE
LAKELAND FL 33803

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **CD**
WILSON, D J
STREET ADDRESS **1328 ROBERT KING HIGH DR**
CITY-ST-ZIP **LAKELAND FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **D**
HICKS, FRANCES
STREET ADDRESS **612 W PARK ST**
CITY-ST-ZIP **LAKELAND FL**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **D**
WASHINGTON, BENNIE
STREET ADDRESS **921 W 13TH ST**
CITY-ST-ZIP **LAKELAND FL**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME **D**
BONAPARTE, QUEEN
STREET ADDRESS **525 MORGAN AVE**
CITY-ST-ZIP **LAKELAND FL**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME **D**
FERGUSON, ANNIE L
STREET ADDRESS **608 W 4TH ST**
CITY-ST-ZIP **LAKELAND FL**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Battle, Queen v.
1643 Norman Dr.
Lakeland, FL

Wade, Sara
7532 Willow Way West
Lakeland, FL

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, with all other like empowered

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-99 941-687-4904

Date

Daytime Phone #

CR2E037 (1/98)