

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

REINSTATEMENT

APPROVAL
AND
FILED

DOCUMENT # N26539

1. Entity Name

TENTH STREET CHURCH OF GOD OF LAKEAND, INC.



06 DEC -8 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

801 WEST TENTH STREET
LAKEAND FL 33805-3601

Mailing Address

801 WEST TENTH STREET
LAKEAND FL 33805-3601



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E037 (4/06)

City & State

City & State

4. FEI Number

59-2907750

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Caroline Wilson

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

1328 Robert King Drive

City

Lakeand

FL

Zip Code

33805

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

Caroline Wilson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE S
NAME WATKINS, DAVINA
STREET ADDRESS 4025 TIMBERLAKE RD W
CITY-STATE-ZIP LAKEAND FL 33809 ☐ Delete

TITLE DM
NAME HICKS, FRANCES
STREET ADDRESS 612 W PARK ST
CITY-STATE-ZIP LAKEAND FL ☒ Delete

TITLE DM
NAME WASHINGTON, BENNIE
STREET ADDRESS 921 W 13TH ST
CITY-STATE-ZIP LAKEAND FL ☐ Delete

TITLE DT
NAME BATTLE, QUEEN
STREET ADDRESS 1643 NORMAN DR
CITY-STATE-ZIP LAKEAND FL ☐ Delete

TITLE DM
NAME WADE, SAVA
STREET ADDRESS 7532 WILLOW WAY W
CITY-STATE-ZIP LAKEAND FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Dm
NAME Curtis Tiles
STREET ADDRESS 615 E. Gary Rd
CITY-STATE-ZIP Lakeand Fl 33801 ☐ Change ☒ Addition

TITLE C
NAME Abe mchard
STREET ADDRESS 4025 Timberlake Rd, West
CITY-STATE-ZIP Lakeand Fl 33809 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ 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:

Queen V. Battle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT

Ok RSC