

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27172

FILED  
Jun 14, 2007  
Secretary of State

**Entity Name:** NORTH LAKE FAMILY CHURCH, INC.

**Current Principal Place of Business:**

300 NORTH HIGHLAND  
TARPON SPRINGS, FL 34688 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1943  
TARPON SPRINGS, FL 34688 US

**New Mailing Address:**

**FEI Number:** 59-2925342 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MORRIS, GLENN E  
11628 LEDA LN.  
NEW PORT RICHEY, FL 34654 US

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: P ( ) Delete  
Name: MORRIS, GLENN E  
Address: 11628 LEDA LN  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: V ( ) Delete  
Name: WENSTROM, STEPHEN  
Address: 9017 CALLAWAY DRIVE  
City-St-Zip: TRINITY, FL 34655

Title: D ( ) Delete  
Name: THOMPSON, JOHN R  
Address: 366 STEEPLECHASE LANE  
City-St-Zip: PALM HARBOR, FL 34684

Title: D ( ) Delete  
Name: DATTILO, VINCENT  
Address: 3111 KILBURN ROAD  
City-St-Zip: HOLIDAY, FL 34691

Title: D ( ) Delete  
Name: MARTIN, MIKE  
Address: P.O. BOX 123075  
City-St-Zip: FT. WORTH, TX 76121

Title: D ( ) Delete  
Name: ADAMS, JIM  
Address: 10643 COUNTY ROAD A  
City-St-Zip: BRYAN, OH 43506

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: CARIE, EDDIE  
Address: 3609 ROSEWATER DR  
City-St-Zip: HOLIDAY, FL 34 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SPICER, RANDY  
Address: 6543 GOVERNORS DR  
City-St-Zip: NEW PORT RICHEY, FL 34655

I hereby certify that the information supplied with this filing does not qualify 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: GLENN MORRIS

PRES

06/14/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date