

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90059 022 ****61.25

DOCUMENT # N29540

1. Entity Name

THE AMERICAN BAPTIST CHURCH OF LAKELAND, INC.



Principal Place of Business

1500 W DAUGHTERY RD
LAKELAND FL 33810
US

Mailing Address

1500 W DAUGHTERY RD
LAKELAND FL 33810
US

40010510



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2856559

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, ROBERT T.
100 EAST LEMON STREET
PO BOX 8169
LAKELAND FL 33802-8169

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

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 May 1, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	LOOSE, WILFORD	
STREET ADDRESS	173 JEFF ST	
CITY-ST-ZIP	LAKELAND FL 33815	
TITLE	SD	<input type="checkbox"/> Delete
NAME	REIF, MARTHA N	
STREET ADDRESS	4444 US 98 N #437	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCCASLIN, RUSSELL	
STREET ADDRESS	415 MARTIN DR	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WOOD, PHYLLIS A	
STREET ADDRESS	1610 REYNOLDS RD 32	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN R. WOOD	
STREET ADDRESS	1610 REYNOLDS RD #32	
CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

John R. Wood

JOHN R. WOOD

2/8/05

863-665-3364

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #