FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 28 1998 8:00am
Secretary of State

DOCUMENT # **N38891** (0)

1. Corporation Name

LAKELAND HILLS BOULEVARD CHURCH OF CHRIST, INC.

Principal Place of Business	Mailing Address
C/O LEON MILLER 2510 LAKELAND HILLS BLVD. LAKELAND FL 33805 US	CC/O LEON MILLER 2510 LAKELAND HILLS BLVD. LAKELAND FL 33805 US

3. Date Incorporated or Qualified: 06/27/1990

4. FEI Number: 59-3049184 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 C/O C. LEON MILLER
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 2510 LAKELAND HILLS BLVD.
City & State 23	City & State 28 LAKELAND, FL
Zip 24 / Country 25	Zip 29 33805 / Country 30 USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MILLER, LEON C. 2510 LAKELAND HILLS BLVD LAKELAND FL 33805	81 Name: MILLER, C. LEON 82 Street Address (P.O. Box Number is Not Acceptable): 2510 LAKELAND HILLS BLVD. 83 84 City: LAKELAND FL 85 Zip Code: 33805

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	MILLE, R C. LEON		1.2 NAME		
STREET ADDRESS	1610 LAKEWOOD ROAD		1.3 STREET ADDRESS	MILLER, C. LEON 1610 LAKEWOOD ROAD	
CITY-ST-ZIP	LAKELAND FL		1.4 CITY-ST-ZIP	LAKELAND, FL, 33805	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ELLIOTT, JAMES		2.2 NAME		
STREET ADDRESS	300 PATTEN		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	DAVIS, B. HALL		3.2 NAME		
STREET ADDRESS	5502 FLAMINGO AVE		3.3 STREET ADDRESS	DAVIS, B. HALL 5522 FLAMINGO AVE.	
CITY-ST-ZIP	LAKELAND FL		3.4 CITY-ST-ZIP	LAKELAND, FL 33809	
TITLE		☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	SULLIVAN, WAYNE A. 6904 MARLYN DRIVE	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	LAKELAND, FL 33809	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: C. LEON MILLER C. Leon Miller 1-18-98 941-683-1639
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #