FILED

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38891

1. Entity Name

LAKELA	ND HILLS BOULEVARD CHU	RCH OF C	HRIST, INC.	•			01-13-2003 90351	7 023 ***	*61.25
C/O LEON MILLER 2510 LAKELAND HILLS BLVD. 251		C/O C. L 2510 LAK LAKELAN	lailing Address O C. LEON MILLER 10 LAKELAND HILLS BLVD KELAND FL 33805			1 100/1/41 184	(J18) 1819: (B)(8 (819) (J0) 4 (81	Bibli didu bia	
Principal Place of Business 3. M			Mailing Address						
Suite, Apt. #, etc. City & State		Suite	Suite, Apt. #, etc. City & State			CHECK HERE IF MAKING CHANGES			
		_City a				4. FEI Number 59-3049184 Applied For			
Zip	Country	Zip		Coun	itry	5. Certificate of S		\$8.75	Not Applicable Additional
	6. Name and Address of Curren	t Registered	Agent					Fee Req	uired
	- Tourier	· ··vgistoreu	nyeiit .		7. Name and Address of New Registered Agent Name				
MILLER, LEON C 2510 LAKELAND HILLS BLVD LAKELAND FL 33805						(P.O. Box Number is	Not Acceptable)		
8. The abov	ve named entity submits this statement f	or the purpose	of changing its	Į.	•	FL egistered agent, or both, in the State of Florida. I am fam			Code
FILE NOW: FEE IS \$61.25 9. Election Campaig Trust Fund Contrib					gent signature require	\$5.00 May Be Added to Fees	Make Che Florida Depa	ck Payab	le to
TITLE	OFFICERS AND DI	RECTORS		11.		ADDITIONS/CHANGI	S TO OFFICERS AND D	DIRECTORS	IN 10
NAME STREET ADDRESS CITY-ST-ZIP	MILLER, C L 1610 LAKEWOOD ROAD LAKELAND FL 33805		□ Delete	TITLE NAME STREET A CITY-ST	ADDRESS			☐ Chang	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ELLIOTT, JAMES 300 PATTEN LAKELAND FL		☐ Delete	TITLE NAME STREET A CITY-ST-		***		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, WAYNE A 6904 MARLYN DRIVE LAKELAND FL 33809		Delete	TITLE NAME STREET AI CITY-ST-	1			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET AC CITY-ST-2	i			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET AD CITY-ST-2				☐ Change	Addition
TITLE NAME STREET ADDRESS		[☐ Delete	TITLE NAME				☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

863-683-1639